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ABSTRACT

These instructional materials are designed to provide personnel developers and trainers with resources that can be used to improve the performance of paraeducators working in center-based and home visitor programs for young children with disabilities from birth to age 5. The modules cover: (1) roles of paraeducators working in inclusive environments for young children; (2) communication and team-building skills; (3) human and legal rights of children and youth with disabilities and their families; (4) human development; (5) the instructional process (individualized education and family services plans, assessment, data collection, goals and objectives, instructional interventions, and facilitating inclusion using developmentally appropriate activities); (6) working with families; (7) appreciating diversity; and (8) emergency, health, and safety procedures. The format for the instructional modules includes: instructional objectives, equipment and resources required, suggested training activities and exercises, background information for the trainer, and handouts and transparencies. Training procedures involve small group discussions, brainstorming, problem solving, case studies, and role plays. (References accompany each module.) (JDD)

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ED 366 142

A CORE CURRICULUM & TRAINING PROGRAM TO PREPARE PARAEDUCATORS TO WORK IN CENTER & HOME BASED PROGRAMS FOR YOUNG CHILDREN WITH DISABILITIES FROM BIRTH TO AGE FIVE

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The National Resource Center for Paraprofessionals in Education and Related Services
Center for Advanced Study in Education
Graduate School and University Center
City University of New York

EC 302736

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#05-93 - September 1993

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TABLE OF CONTENTS

PREFACE i

ACKNOWLEDGEMENTS ii

SUGGESTED TRAINING PROCEDURES iii

MODULE I: STRENGTHENING THE INSTRUCTIONAL TEAM 1

- Roles of Paraeducators Working in Center & Home Based Programs 1
- Communication & Team Building Skills for Paraeducators 20

MODULE II: HUMAN & LEGAL RIGHTS OF CHILDREN & YOUTH WITH DISABILITIES AND THEIR FAMILIES 44

MODULE III: HUMAN DEVELOPMENT 64
- Principles of Human Development 64
- Factors That May Impede Typical Human Development 89

MODULE IV: THE INSTRUCTIONAL PROCESS 101

- Individualized Education & Family Services Plans 104
- Assessment 109
- Observing & Keeping Good Data 114
- Goals & Objectives 123
- Instructional Interventions 138
- Facilitating Inclusion Using Developmentally Appropriate Activities 154

MODULE V: WORKING WITH FAMILIES 173

MODULE VI: APPRECIATING DIVERSITY 203

MODULE VII: EMERGENCY, HEALTH & SAFETY PROCEDURES ... 218

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PREFACE

As school systems and other provider agencies increase the availability of inclusive home and center based programs for young children, expand efforts to integrate general and special education, and prepare teenagers with disabilities to move into the adult world, employment of paraeducators is continuing to grow and their duties are becoming more complex. While paraeducators have become major contributors in the delivery of education services to children and youth who require individualized attention, opportunities for systematic, standardized training have not kept pace. The goals of these instructional materials are to provide personnel developers and trainers with resources they can use to improve the performance of the paraeducator workforce.

This instructional program is one of a series developed by the National Resource Center for Paraprofessionals in Education and Related Services to prepare paraeducators to work in the following areas: 1) center based and home visitor programs for young children from birth to age five, 2) inclusive classrooms serving school age students and 3) transitional services and supported employment for teenagers and young adults.

The content in the three sets of instructional programs is based on a core curriculum that recognizes the generic nature of the competencies paraeducators require to work in various education and related services programs. The individual training programs focus on the specific skills paraeducators must have to work with children and youth of different ages, who have different levels of disabilities and different education needs.

The competencies, content and format of the training materials were field tested nationwide in sites that included community colleges, local school districts and other education delivery systems. The trainers who assisted us with evaluating the modules ranged from experienced personnel developers to teachers and paraeducators with no prior experience in the field of adult education. The agencies that tested the training programs were: The Arkansas Special Education Resource Center with the assistance of the Arkansas State Department of Education and the University of Arkansas, University Affiliated Program; a joint venture among East San Gabriel Valley Regional Occupation Program (ROP), Coastline ROP; Mount San Antonio College, Rancho Santiago College and Coastline College in California; St Michaels Association for Special Education in Arizona; Front Range Community College, Colorado; The Vermont Certificate of Study Program for Instructional Assistants; Fairview Early Education Center, Rockford, Illinois Public Schools; the Indiana Statewide PreSchool Initiative; the Trumbull, Connecticut Public Schools; and Wyandotte Comprehensive Special Education Cooperative, Kansas.

ACKNOWLEDGEMENTS

Many people provided invaluable assistance to the various components of this project. We worked closely with an advisory panel who represented a cross section of disciplines and had expertise and insight about various factors that influence the deployment, training and retention of a skilled paraeducator workforce. Members of the panel were: Phyllis Kelly, Special Education Outcomes Team, Kansas State Board of Education; Betty Larson, Child Development Department, San Antonio (Texas) College; Pat Haley, The Oregon Health Sciences University; Richard White, Department of Teaching Specialties, University of North Carolina - Charlotte; Arlene Barresi, Paraeducator, Board of Cooperative Education Services -2, Suffolk County, N.Y.; Linda Eggbeer, Zero to Three (National Center for Clinical Infants Programs) Arlington, Virginia; Karen Faison, Education Consultant, Ord, Nebraska; Elizabeth Kuhlman, Head Start State Collaboration Plan, New Jersey, Office of the Governor; Lynn Safarik, Transition Services Training Program, California State University - Long Beach; Barbara Semrau, Focus Inc. Arkansas; Susan Simon, Department of Disabilities Services, Kirkwood Community College, Iowa; Brad Thiel, Department of Human Services, Southeast Community College, Nebraska; Eugene Thompson, St. Michaels Association for Special Education, Inc. The Navajo Nation, Arizona; and Stanley Vasa, Department of Special Education and Communication Disorders, The University of Nebraska.

Along the way, there were many people who went out of their way to help us and they deserve special thanks because as the saying goes: "We could not have done it without them." The paraeducators who participated in the field testing and provided us with feedback about the content and objectives of the training made sure the materials would meet the needs of paraeducators across the country. Kathy Balkman and her colleagues in Arkansas, were enthusiastic supporters and offered many good suggestions for improving the materials. In California, Donna Schwan, Mary Prather, Grace Hanson, Gloria Guzman, Celeste Ryan and Lynn Safarik proved that collaborative efforts among service delivery agencies and two and four year colleges produce effective training for paraeducators. Sonja Frantz enabled us to test the materials in early childhood programs across Indiana. Teri Wallace at the Minnesota University Affiliated Program, Mike Thew from Lincoln Intermediate Unit in Pennsylvania, and Sydney Shepherd from the Wyandatte Special Education Coop took time from their busy schedules to assist with assessing the material. Ross Graham edited the final version to make sure we really did follow the same format in the various modules, that the commas were in the right place and tenses of verbs and subjects agreed.

Finally, Lucille Mascetti, the project secretary, has done it again. She has managed to live through the developmental phase, the evaluation phase and the revision phase of another project and has still retained her sense of humor.

Anna Lou Pickett
Project Director

SUGGESTED TRAINING PROCEDURES

This competency based instructional program is designed to build on the life and work experiences participants will bring to the training. While participants will learn skills they can apply immediately, the training will also facilitate acceptance of new practices and increase their understanding of education issues. And they will also learn communication and other skills that will enable them to become more effective team members.

The format for the instructional modules includes: 1) instructional objectives, 2) equipment and resources required to teach the lesson, 3) suggested training activities and exercises; 4) background information for the trainer and 5) handouts and transparencies. The training procedures are designed to foster active participation and include small group discussions, brainstorming, problem solving, case studies and role plays.

The suggestions that follow are designed to provide trainers with ideas they can use to motivate participants.

BEFORE THE TRAINING BEGINS. You should study the material for each module and become familiar with the goals, content, activities and special training directions. Since you are using material developed by others, you may want to adapt some of the instructional methods to reflect your individual training style. To arouse the interest of the participants, case studies that relate directly to their on-the-job experiences are contained in the different modules. You may want to develop your own case studies or role plays to supplement the activities and exercises contained in the materials.

In addition you should: a) make sure that the information in the training modules accurately reflects district policies and practices; b) become familiar with local agencies and practitioners who can assist with the training and provide background information, practica sites, and other resources; c) make sure that handouts and other materials for trainees are available for each session; d) and request AV equipment early, set it up and test it before the session begins.

DURING THE TRAINING SESSION. You might want to use introductory ice breaker activities to achieve a feeling of togetherness and belonging even if participants know each other. You should outline, on a chalkboard or chart paper, the specific goals of the training session and describe briefly what the participants will be expected to do and to learn. Be sure to stress the value and practical application of the training and the beneficial impact it will have on improving job skills and productivity. Before you move on to a new subject, make sure the participants have a clear understanding of the information presented. It is important that you not assume that because trainees use jargon or technical terms they understand the information. And finally, make sure there is time to respond to expressed needs, questions, requests and feelings of the trainees.

AFTER THE TRAINING. Be sure to follow-up on requests for additional information and resources for participants and incorporate trainees' comments and reactions into future training plans.

STRENGTHENING THE INSTRUCTIONAL TEAM

OVERVIEW

The employment of paraprofessionals in the education workforce has grown steadily and their duties have changed dramatically since they were introduced into classrooms as teacher aides almost four decades ago. Traditionally their duties were limited to recordkeeping, preparing materials and monitoring students on playgrounds and in lunch rooms. In today's schools, paraprofessionals have become technicians and specialists who provide direct instructional therapeutic, health and other related services to children and in some cases their parents. Indeed, they can more accurately be described as para-educators just as their counterparts in law and medicine are designated as paralegals and paramedics.* (In this training program we will use the terms paraeducator and paraprofessional interchangeably rather than the myriad titles, such as instructional assistant, teacher aide, therapy assistant, teaching assistant, home visitor in use in school districts and other early childhood programs.)

The content in this module is divided into two units. The purpose of unit one is to provide paraeducators with an understanding of their duties in home and center based early childhood programs and the legal, ethical and professional duties of the paraprofessional workforce. Unit two centers on communication and problem solving skills paraeducators require to work effectively with their professional colleagues, children, parents, and other members of the community they may come into contact with as they carry out their assigned duties.

THE ROLES OF PARAEDUCATORS

INSTRUCTIONAL OBJECTIVES

The paraeducator will be able to:

1) Define the roles and duties of paraeducators working in center and home based programs serving young children with and without disabilities and their families.

2) Define the distinctions between the roles and responsibilities of teachers, other supervisors and paraeducators.

3) Practice legal, ethical and professional standards of conduct established by the district or agency for all employees.

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*Pickett, A.L. (1989). "Restructuring the Schools: The Role of Paraprofessionals". Washington, D.C. Center for Policy Research, National Governors' Association.

TIME REQUIRED TO COMPLETE THE TRAINING

The time required to teach this unit should be approximately two hours; however, it will depend on the number of activities selected by the trainer.

EQUIPMENT AND MATERIAL REQUIRED

- A flip chart and easel, or chalkboard.

- An overhead projector and screen, or if you prefer, write the information from the transparencies on the flip chart or chalkboard.

- Copies of the Background Material, Information Handouts, Exercises and Transparencies for this unit.

- Copies of: 1) job descriptions and personnel practices established by your district that influence the utilization, supervision, and functions of paraeducators; 2) copies of standards for professional, legal and ethical conduct established by your district or agency for all employees; and 3) copies of or information about statewide criteria/ standards for the employment and training of paraeducators working in early childhood programs. (If guidelines or regulatory procedures have been established by the state department of educations they may include the Child Development Associate (CDA) certification/permit system, mandated utilization of paraprofessionals in specific programs, or training requirements.)

BEFORE THE TRAINING BEGINS

- Obtain the information described above about practices, policies and regulatory procedures from your district or agency or state departments of education, health or social services.

- Review the Background Materials, Information Handouts, Transparencies and suggested activities contained in this unit and compare this information with the policies and practices used in your district, agency and/or state.

- Prepare a lecture that briefly describes: 1) the history of the paraprofessional movement; 2) reasons for increased utilization and expanding roles of paraeducators; 3) the contributions paraprofessionals make to the delivery of education services; 4) the changing roles of teachers and other professional personnel; and 5) the distinctions in the roles and responsibilities of professional practitioners and the paraprofessional workforce.

- Review the activities and exercises provided in this training program; select those that are most relevant to the needs of the trainees.

DURING THE TRAINING SESSION

¶ Begin the session by delivering the opening lecture. Be sure to stress the expanding duties of teachers as frontline managers and supervisors of paraeducators, and the evolution of the roles of teacher aides to participants in all phases of the instructional process. (You may want to use the content in Transparencies 1 & 2 as an outline.)

¶ Divide the participants into groups of 3 or 4. If they work in different schools and programs, organize the groups so they include representatives from the various pro grammatic areas and/or buildings. Ask the members of the group to work together and: 1) compile a list of daily, weekly, periodic tasks performed by the paraprofessionals in their group; 2) make a list of professional staff paraeducators assist or work alongside of; and 3) make a list of the duties of teachers and/or other professional personnel that are not performed by paraeducators.

¶ Ask for a volunteer from one group to read the list of tasks performed by paraeducators and record the items on the flipchart or chalkboard. Ask for the other groups to add items not included in the list.

¶ Ask for a volunteer from another group to report on 1) the professional personnel paraeducators work with and 2) duties performed by teachers or other professional staff that are not the responsibility of paraeducators. (You may want to supplement the lists based on district or agency policies or practices.)

¶ Distribute Exercise 1. Ask the participants to: 1) work alone and read each situation and decide whether it is an appropriate or inappropriate duty for paraeducators; and 2) circle the letter that most accurately describes their feelings. Be sure they understand that it is O.K. to be unsure and that their responses may be different from other participants based on their years of experience or other factors.

¶ When the activities are completed lead a discussion that addresses 1) the expanding roles of paraeducators; and 2) the distinctions in the roles of teachers and paraeducators. Be sure to answer questions and concerns raised by the group and make sure the participants understand district policies and practices that have an impact on their roles.

¶ Use Transparencies 3 as an outline and deliver the lecture on the legal, ethical, and professional responsibilities of paraeducators.

¶ Divide the participants into groups of 4 or 5. Distribute a copy of one of the role plays to each group. Ask members of the group to develop a script and be prepared to role play the scenario. You might want to ask one group to prepare a positive approach to maintaining confidentiality and another group to violate confidentiality.

¶ Ask the class to watch the role plays and think about what each would have done under the circumstances and to be prepared to share their ideas with the class.

RESOURCES AND REFERENCES

"A Training Program for Paraprofessionals in Special Education and Related Services" (2nd edition, 1990). New York. National Resource Center for Paraprofessionals in Education and Related Services, Center for Advanced Study in Education, Graduate School and University Center, City University of New York.

Pickett, A.L. (1989). "Restructuring the Schools: The Role of Paraprofessionals". Washington, D.C. Center for Policy Research, National Governors' Association.

Pickett, A.L. (2nd edition, 1989). "A Program to Prepare Teachers to Supervise and Work Effectively with Paraprofessional Personnel." New York. National Resource Center for Paraprofessionals in Education and Related Services, Center for Advanced Study in Education, Graduate School and University Center, City University of New York.

Powell, D., Halpern, R. and Lainer, M. (1988). "The Design of Family Support Programs in High Risk Communities: Lessons for the Child Survival/Fair Start Initiative, Parent Support and Education Consequences for Children and Families." Norwood, N.J., Ablex.

STRENGTHENING THE INSTRUCTIONAL TEAM: THE ROLES OF PARAEDUCATORS WORKING IN EARLY CHILDHOOD PROGRAMS

INTRODUCTION.* The recognition of the value of paraprofessionals in education began in the 1950s when policymakers confronted by a post-war shortage of teachers began to look for alternative methods of providing services. One of the first programs introduced during that time period was an effort supported by the Ford Foundation in the Bay City, Michigan schools. Teacher aides were recruited and trained to perform routine administrative and housekeeping chores that allowed teachers to spend more time on instructional tasks and to provide individualized attention to students. In the late '60s and early '70s school systems expanded their reliance on paraprofessionals in order to ease a growing lack of confidence among parents and other education consumers in the ability of existing personnel to meet the needs of children and youth from diverse ethnic and cultural heritages and economically disadvantaged backgrounds. During this era, school districts nationwide employed paraprofessionals to serve as liaisons between the schools and their communities, and they began to assign them tasks that were related to providing direct services to students.

During the 1980s the roles and duties of paraprofessionals became more complex as local education agencies sought to respond to national and state mandates for individualized services and inclusion in general education of all children and youth with disabilities, and to meet the needs of increasing numbers of children from backgrounds that placed them at risk for myriad reasons.

ROLES OF PARAEDUCATORS. To meet the requirements of P.L. 99-457 policymakers have once again turned to paraeducators to work along side their professional colleagues to assist them with the delivery of services to infants, toddlers and young children who have disabilities, who are medically fragile or are at risk for other reasons. Paraeducators work in both home and center/school based programs where they provide education, case management and other direct services for children, their parents or other caregivers.

HOME BASED PROGRAMS. In home based programs paraeducators provide a broad range of services, assistance and direct education. They work under the supervision of teachers, social workers or other professional practitioners designated by the agency to direct them. The duties of paraeducators include: 1) demonstrating and modeling methods parents can use to help their child learn communication and social skills; 2) gathering information about children and the needs of their parents to share with professional personnel; 3) coordinating services across agency lines; 4) providing parents with information about advocacy and support groups, and other resources available to assist families and their children and 5) maintaining school/agency records.

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*Some of the material in this unit is adapted from: "A Training Program for Paraprofessionals Working in Special Education and Related Services" (2nd edition, 1990); and "A Training Program to Prepare Teachers to Supervise and Work Effectively with Paraprofessionals" (2nd edition, 1989), New York. The National Resource Center for Paraprofessionals in Education and Related Services.

SCHOOL AND CENTER BASED PROGRAMS. In these programs paraeducators work under the direct supervision of teachers or other professional practitioners and participate in all phases of the instructional process. Their various duties include: 1) performing functional assessment activities; 2) observing and recording information about the performance of individual children; 3) helping build social and communication skills of individual children; 4) maintaining safe and attractive learning environments, and more.

ROLES OF TEACHERS. In today's classrooms, teachers are supervisors of human resources and program managers, and their duties are becoming more complex and difficult. The term "classroom teacher" no longer adequately defines or embodies the expanding responsibilities teachers have in education. Analysis of the daily functions of teachers finds that major portions of their time are spent on consulting with their colleagues, program planning and management, and supervisory/administrative tasks. And in early childhood programs particularly they are responsible for identifying the developmental levels of individual children.

In addition to these programmatic duties, their responsibilities now include supervising and coordinating the work of paraprofessionals and other support personnel. They: 1) set goals and plan for other adults in the programs; 2) schedule and coordinate activities of professional support staff; 3) direct and assign tasks to paraeducators; 4) use problem solving techniques to improve the cooperative efforts of the team; 5) assess the on-the-job performance of paraeducators; 6) develop techniques and procedures to improve the skills and performance of paraeducators, and 7) provide on-the-job training.

Clear distinctions between the roles of the teachers and paraeducators must be made in order for a team to work together as an effective unit. It is the teacher who has the ultimate responsibility for the education of the children in classrooms, homes and community learning environments. Even when responsibilities and duties are shared or delegated to the paraeducator and mutually decided on by the team, it is the teacher who is responsible for the design and delivery of the instructional program of each child. The term "paraeducator" is indicative of the role of paraeducators. "Para" means "alongside of" and they do work alongside of their professional colleagues in the delivery of instructional and other direct services. (See Information Handout #1 for more information on the duties of paraeducators and the distinctions in the roles and responsibilities of teachers and paraeducators.)

CONTRIBUTIONS OF PARAEDUCATORS. There are several ways paraeducators help to improve the quality of individual education programs and instructional activities. Probably the most important contribution they make is to enable teachers to concentrate on meeting instructional objectives for the individual as well as small groups of children. Paraprofessionals enhance the quality of various program activities in the following ways: 1) the educational program becomes more child oriented and flexibility within the classroom or another education setting is increased; 2) children benefit from extra "eyes and ears" that are alert to individual needs and problems and 3) teachers and other professional practitioners have more time to: a) study and assess the needs of each child; b) confer with parents; c) diagnose problems; d) prepare and plan for individual instruction; e) try a broader range of teaching techniques and strategies, and f) evaluate the progress of each child.

LEGAL AND PROFESSIONAL/ETHICAL DUTIES OF PARAEDUCATORS. As members of the education team, paraeducators have special relationships with teachers and other colleagues, children, parents, and other members of the community. The effectiveness of these relationships depends not only on the quality of the work performance, but also on professional and ethical behavior demonstrated on the job. Respecting the human rights of children, their parents and colleagues; maintaining confidentiality about all information connected with children and their families; following district or agency policies and procedures; being dependable and cooperative are just a few of the legal and ethical duties of paraeducators.

Professional behaviors and attitudes do not end at the close of the school day. Paraeducators like all school personnel are representatives of the school district or agency in the community. And as states and communities expand the availability of opportunities for all children to strengthen skills in community based learning environments, growing numbers of paraeducators are in daily contact with broad segments of the public. In urban, suburban and rural areas everywhere, paraeducators usually live in the local community. And, because their roots are there, they serve as valuable resources by sharing personal knowledge and an understanding of cultural heritages, traditions, and values of the community with colleagues who may not live nearby. Further, they can be effective liaisons between the school or agency and community if they are familiar with the purpose and philosophy of various programs. And they can promote community involvement and understanding by interpreting the goals and activities of the program to friends, relatives and neighbors.

MAINTAINING CONFIDENTIALITY. As part of their jobs, paraeducators have access to personal information about children and their families including: 1) the results of formal and informal tests; 2) behavior in classrooms and other education settings; 3) progress in language development and social skills; 4) family relationships; 5) family income or economic status, and much much more. The information may be contained in records, learned from a child or family members, observed in class or in a child's home, or be related by other school personnel. Both the child and the family have an absolute right to expect that all information will be kept confidential, and made available only to personnel in the school or another agency who require it to ensure that the rights, health, safety and physical well being of the child are safe guarded.

All state and local agencies have procedures for protecting privacy. Paraeducators need to know these regulations and be prepared to follow them. In general, paraeducators should share concerns about the well-being and safety of a child or youth with the teacher or another staff member who is designated to play a role in the protection and welfare of the student - and with no one else.

(For more information the legal and professional/ethical duties of paraeducators see the Transparency and Information Handouts that follow this section.)

ROLES OF TEACHERS

THEY ARE RESPONSIBLE FOR:

✓ ASSESSING THE DEVELOPMENTAL LEVEL OF EACH CHILD

✓ CONSULTING WITH COLLEAGUES AND PARTICIPATING IN THE PREPARATION OF INDIVIDUAL FAMILY SERVICE PLANS AND INDIVIDUAL EDUCATION PLANS (IFSP/IEP)

✓ DETERMINING APPROPRIATE INSTRUCTIONAL OBJECTIVES FOR INDIVIDUAL CHILDREN AND THE ENTIRE CLASS

✓ IMPLEMENTING THE INSTRUCTIONAL PROGRAMS ALONG WITH PARAEDUCATORS AND OTHER PROFESSIONAL PRACTITIONERS

✓ EVALUATING THE EFFECTIVENESS OF PROGRAMS AND INSTRUCTIONAL STRATEGIES

✓ INVOLVING PARENTS IN ALL ASPECTS OF THEIR CHILD'S EDUCATION

✓ SUPERVISING THE WORK OF PARAPROFESSIONALS AND OTHER SUPPORT STAFF

PARAEDUCATORS: A DEFINITION

PARAEDUCATORS ARE EMPLOYEES:

1. WHOSE POSITIONS ARE EITHER INSTRUCTIONAL IN NATURE OR WHO DELIVER OTHER DIRECT SERVICES TO CHILDREN AND/ OR THEIR PARENTS;

2. WHO WORK UNDER THE SUPERVISION OF TEACHERS AND OTHER PROFESSIONAL STAFF MEMBERS WHO HAVE RESPONSIBILITY FOR DESIGNING, IMPLEMENTING PROGRAMS AND SERVICES CALLED FOR IN IFSPs OR IEPS.

PARAEDUCATORS PROVIDE SERVICES IN THE FOLLOWING PROGRAMMATIC AREAS:

- ✓ EDUCATIONAL PROGRAMS
- ✓ PHYSICAL THERAPY
- ✓ OCCUPATIONAL THERAPY
- ✓ SPEECH THERAPY
- ✓ EARLY INTERVENTION & PRE-SCHOOL PROGRAMS
- ✓ SOCIAL WORK/CASE MANAGEMENT
- ✓ PARENT TRAINING/CHILD FIND PROGRAMS
- ✓ TRANSITION & VOCATIONAL TRAINING PROGRAMS & JOB COACHING
- ✓ LIBRARIES
- ✓ HEALTH SERVICES
- ✓ COMPUTER LABORATORIES

LEGAL AND PROFESSIONAL/ETHICAL DUTIES OF PARAEDUCATORS

PARAEDUCATORS MUST:

- ✓ MAINTAIN CONFIDENTIALITY
- ✓ RESPECT THE LEGAL AND HUMAN RIGHTS OF CHILDREN & FAMILIES
- ✓ FOLLOW DISTRICT/AGENCY POLICIES FOR PROTECTING THE HEALTH, SAFETY AND WELL-BEING OF CHILDREN
- ✓ DEMONSTRATE AN UNDERSTANDING OF DISTINCTIONS IN ROLES OF VARIOUS EDUCATION PERSONNEL
- ✓ FOLLOW THE CHAIN OF COMMAND SET BY THE DISTRICT/AGENCY
- ✓ DEMONSTRATE LOYALTY, DEPENDABILITY, INTEGRITY AND OTHER STANDARDS OF ETHICAL CONDUCT
- ✓ DEMONSTRATE RESPECT FOR CULTURAL DIVERSITY AND OTHER DIFFERENCES AMONG THE CHILDREN THEY WORK WITH
- ✓ DEMONSTRATE A WILLINGNESS TO PARTICIPATE IN TRAINING ACTIVITIES TO IMPROVE PERFORMANCE

ROLES OF PARAEDUCATORS WORKING IN EARLY CHILDHOOD PROGRAMS

ROLES OF TEACHERS

Teachers are responsible for:

- ✓ Assessing the developmental levels of children.
- ✓ Consulting with professional colleagues and participating in the preparing of individual family service plans and individual education plans.
- ✓ Developing instructional objectives for individual children.
- ✓ Implementing the instructional program along with paraeducators and other professional personnel.
- ✓ Evaluating the effectiveness of the program.
- ✓ Involving parents in all aspects of their child's education.
- ✓ Coordinating and supervising the work of paraeducators and other support staff.

PARAEDUCATORS: A DEFINITION

Paraeducators are employees: 1) whose positions are either instructional in nature or who deliver other direct services to children and/or their parents; and 2) who serve in a position for which a teacher or another professional has the ultimate responsibility for designing and implementing individual family service plans and individual education plans.

Paraeducators provide services in the following programmatic areas: educational programs, physical therapy, occupational therapy, speech therapy, early intervention and preschool programs, social work/case management, parent training/child find programs, transition training, supported employment or other vocational education programs and health services.

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*Some of the material in these handouts was adapted from "A Training Program for Paraprofessionals Working in Special Education and Related Services". (2nd edition, 1990). New York. National Resource Center for Paraprofessional in Education and Related Services.

DUTIES OF PARAEDUCATORS IN HOME BASED PROGRAMS SERVING INFANTS & TODDLERS

Paraeducators participate as active team members by:

- ✓ Collecting and charting data about a child's developmental level during home visits.
- ✓ Gathering information from parents/caregivers about concerns connected with their child's development.
- ✓ Meeting regularly with a teacher or another supervisor to report on activities undertaken during home visits.
- ✓ Assisting teachers/supervisors as they work with the family to design activities to meet the child's neesds.
- ✓ Supporting and encouraging parents to use techniques that will enhance their child's communication and social skills, and begin the development of self-esteem and self-reliance.
- ✓ Providing parents/caregivers with information and assistance they can use to gain access to community resources and support services for their child.
- ✓ Participating in meetings to develop Individual Family Service plans.
- ✓ Maintaining records required by the agency.

DUTIES OF PARAEDUCATORS IN EARLY CHILDHOOD CLASSROOMS

Paraeducators participate as active team members by:

- ✓ Collecting and charting data and assisting the teacher with other assessment activities to determine the developmental levels of individual children.
- ✓ Using interactive teaching techniques developed by the teacher to assist children to develop social and communication skills, self-esteem, creativity and self-reliance.

✓ Organizing learning centers.

✓ Maintaining healthy and safe environments.

✓ Keeping records.

✓ Conferring with parents under the direction of the teacher.

✓ Attending IFSP/IEP meetings at the request of the teacher or administrative personnel.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES FOR ALL PARAEDUCATORS

A paraeducator must:

✓ Maintain confidentiality about all personal information and educational records concerning children and their families.

✓ Respect the legal and human rights of children and their families.

✓ Follow district or agency policies for protecting the health, safety and well-being of children.

✓ Demonstrate an understanding of the distinctions in the roles of various education personnel.

✓ Follow the directions of teachers and other supervisors.

✓ Maintain a record of regular attendance, arrive and depart at specified times and notify appropriate personnel when they must be absent.

✓ Demonstrate loyalty, dependability, integrity and other standards of ethical conduct.

✓ Demonstrate respect for cultural diversity and individuality of the children they work with.

✓ Follow the chain of command for various administrative procedures.

✓ Demonstrate a willingness to participate in opportunities for continuing education provided by the district or agency.

MAINTAINING CONFIDENTIALITY

1. **Why must confidentiality be maintained?**

✓ Federal laws, state regulations, and local policies require it.

2. **Who may have access to written or oral information about children and youth or their families?**

✓ Only personnel who are responsible for the design, preparation, and delivery of education and related services; and/or personnel with responsibility for protecting the health, safety and welfare of a child or youth.

3. **Who should not have access to information about the performance level, behavior, program goals and objectives or progress of a child or youth?**

✓ Teachers, therapists or other school personnel and co-workers not responsible for planning or providing services to children, youth or their families.

4. **What information do children/youth and their families have the right to expect will be kept confidential?**

✓ The results of formal and informal assessments

✓ Social and behavioral actions

✓ Performance levels and progress

✓ Program goals and objectives

✓ All information about family relationships, financial status and other personal matters

EXERCISE #1
Page 1 of 2

ROLES OF THE PARAEDUCATOR*

Below are descriptions of situations an instructional team might encounter in its day to day work. DIRECTIONS: Circle A if you think the activity is an appropriate duty for a paraeducator; Circle I if you think it is inappropriate; or U if you are unsure. Briefly describe why you responded the way you did and be prepared to discuss your reasons with other participants.

A I U

It is the fourth week of a new year and tomorrow the teacher will be attending an IEP meeting that is to begin at 8:00 A.M. (The meeting was scheduled for this time because it was more convenient for the child's parents.) The children in the class are scheduled to arrive at 9:00 A.M. and the IEP meeting probably will not end before 10:00. The principal has asked the two paraeducators who work with the teacher to be responsible for the class while the teacher is out of the room.

Reason:

A I U

Chrissie is four years old and is starting pre-school. She has a physical disability and requires assistance when she eats, to button her coat and with other self-help skills. Her IEP calls for a paraeducator to be assigned to assist her with her special needs. The teacher asks the paraeducator to read stories to small groups of children, to help prepare learning centers and to take part in play activities that involve all of the children.

Reason:

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*The concept for this activity was originated by Lowell Alexander an administrator in Wyandotte County Education COOP, Kansas.

EXERCISE #1
Page 2 of 2

A I U

Jon disrupts group activities almost every day; and from time to time he tries to interrupt the individual projects or play of the other children. The teacher asks the paraeducator to spend most of the day supervising him.

Reason:

A I U

There are four paraeducators assigned to work alongside the teacher and provide direct services to the children. Because the paraeducators live in the community and are familiar with the cultural heritage and language spoken in the homes of the children, the teacher asks them to make home visits with her.

Reason:

A I U

Two of the children enrolled in the program are diagnosed as being medically fragile. They require medication and other specialized health care. A third child must be moved from her wheel chair and positioned using bolsters and other adaptive equipment. The paraeducator had been asked to attend a workshop to learn how to: 1) monitor and/or assume responsibility for administering the medication and using the other health care procedures; and 2) learn how to carry, transfer and position the child.

Reason:

SITUATION 1

The Background

Lurleen Thomas, is a paraeducator. Stanley Parsons, one of the students in the program Lurleen is assigned to, attends the same church she does.

Timothy Smith is the new, young minister at the church, who has made counseling youth and their parents an important part of his ministry. This is a new program for the community because the last minister was quite elderly and did not see this as part of his role. One evening after a church dinner, Reverend Smith asks Lurleen if she can provide him with some information about how she thinks Stanley is doing in school - he understands from Stanley's parents that he has not been doing well academically, frequently plays hooky, and has been caught smoking on school grounds on several occasions. Reverend Smith is obviously concerned about assisting Stanley and his family. He is also very charming and persistent. Lurleen has a great deal of respect for him and thinks this is an important service for the church to provide. Role play the situation.

SITUATION 2

The Background

The school board has completed work on this year's budget and it will be voted on at the next election. The state has reduced its contribution to the district and local property taxes are going up. Justine Smith is a paraeducator. Every time she runs into her neighbors, the Formaneks, they start to complain about their increased taxes. They have a long list of what is wrong with the schools. They are particularly upset about the raises that are proposed for all school employees including the superintendent, teacher, paraeducators and other support staff. It is the strongly held view of the Formaneks that no one deserves an increase in pay since the schools are so poorly run, kids can't read nor are they properly prepared to find or hold jobs after they graduate. In addition, they can see no earthly reason to spend their hard earned income on kids who have disabilities. These services are just too expensive. Role play a conversation between Justine and the Formaneks.

SITUATION 3

The Background

Jerome Graham is a new paraeducator. Before he started to work he was told by the principal that he would be required to maintain confidentiality about the lives and records of the students he works with. He has just walked into the teacher's lounge where he encounters Mrs. Lawson, a teacher who has been at the school for more than 30 years. She knows most of the families and frequently has something to say about their life styles and the way they raise their children. She also believes that if some students are "trouble makers" or "not too bright" their brothers and sisters will have the same characteristics. This year she has Oscar Pickett in her class and he is behaving exactly like his brother Billy did two years before. She knows that Rachel, their younger sister, is in Jerome's class. She starts the conversation by reporting on the things Oscar did today to make her crazy. She starts to push Jerome to talk about Rachel. Jerome is very fond of Rachel and thinks she is wonderful. He is taken aback that Mrs. Lawson talks so openly about her students, asks him so many personal questions about Rachel and does not seem to believe him when he says Rachel is very bright. Role play this situation.

SITUATION 4

The Background

Carry Snodgrass is a paraeducator assigned to a transitional training program for teenagers. At the present time she is training Keith Beeman to work in the housekeeping department of a local hotel. Two of the employees start to ask her questions. The first are about the program and easy for her to handle. But then they start to ask personal questions about Keith and why he acts the way he does. One of them thinks she even has some information that will help Carry - because she lives next door to the Beemans and has a pretty good idea about what is wrong with Keith, and why he behaves the way he does. Role play the situation.

COMMUNICATION AND PROBLEM SOLVING

OVERVIEW

As the roles of paraeducators have expanded and become more complex and challenging, their need for effective communication and problem solving skills has also increased. Their duties as members of the education team bring them into direct contact with a multitude of people with different roles and levels of responsibility for planning, providing, and evaluating education services for children and youth and their families.

Paraeducators assist and work alongside their professional colleagues in schools and other agencies delivering education and related human services. In many home and center based early intervention/childhood programs they support and provide direct services to parents and other primary caregivers of infants and young children who have disabilities or are at risk for other reasons. And of the utmost importance are the relationships they have with the children they come into contact with daily.

One of the most important keys to being a successful team member is effective communication. The communication skills required by all participants in the education team are similar and are intertwined with social skills, coping skills, helping skills, listening skills and problem solving skills. These skills do not necessarily develop automatically as part of the aging process. They must be learned, practiced and nurtured.

The various activities in this module are designed to provide paraeducators with skills that will enable them to communicate effectively - no matter where they work, what their job is, or who they interact with. They will have an opportunity to assess their own individual strengths in the area of communication and problem solving and to identify areas they want to strengthen. Role plays and other exercises will enhance their helping, listening, communication and problem solving skills.

INSTRUCTIONAL OBJECTIVES

Paraeducators will be able to:

1) Assess their communication and social skills,

2) Develop skills to communicate more effectively with professional colleagues, students, parents and others they work with.

TIME REQUIRED

The time required to complete this module will depend on the activities selected by the trainer. The recommended time is a minimum of two hours.

EQUIPMENT AND MATERIALS REQUIRED

- Overhead and screen.
- Flipchart and easel or chalkboard.
- Copies of the handouts and exercises for all participants.

BEFORE THE TRAINING

- Review the background information, handouts, exercises and other suggested activities, as well as other resources you may know about that are designed to enhance communication, social and problem solving skills. The role plays are based on events that happen day in and day out to teachers, paraeducators, and other members of the instructional team. In addition, you may want to develop your own role plays that describe situations unique to your agency.

- Select the activities most appropriate to the needs of the participants.

- Prepare a series of brief lectures. Stress the value and importance of using positive communication and social skills as one means for participants to: 1) increase their own self-esteem, cope with stress, and stand up for their human and legal rights; 2) assist children and youth to learn and use the same skills in order to avoid isolation in integrated classes or in the community when they leave school, build self-esteem, increase self determination and 3) reduce barriers to becoming an effective team member.

- Make copies of the transparencies or if you prefer write the content on the flipchart or chalkboard.

DURING THE SESSION

¶ Initiate the session by asking participants to brainstorm a list of people they interact with on the job. Record the responses on the chalkboard/flipchart. Then ask them to develop a list of the people children and their parents interact with. Put checkmarks next to the people that appear on both lists. When this part of the activity is completed ask the participants to work together for five minutes in groups of 3 or 4 and make lists of various ways people communicate with each other. Record the responses.

¶ Introduce and distribute Exercise 1, "The Social Skills Inventory". Stress that this is not a test and is designed to enable participants to identify social/communication skills they would like to improve. This activity usually generates a great deal of discussion, so allow plenty of time to respond to questions and concerns.

When they have completed the exercise, ask them to review the items and identify the skills that students they work with do not or will not need as they enter or leave school and move into the adult world. Initiate a discussion about the similarities in the needs among all people and the need for paraeducators to model effective communication, social and problem solving skills.

¶ Deliver the lecture on the value of practicing active listening and positive/assertive communication skills. (Use Transparencies #1 & 2 as guides for the discussion.)

¶ Distribute Information Handouts 1, 2 and 3; "Basic Strategies for Clear Communication Between Teachers and Paraeducators", "Tips Paraeducators Can Use to Build Effective Relationships With Children" and "What Paraeducators Need to Know About Teachers." Briefly discuss and elicit responses from participants about barriers to effective communication and interaction between paraeducators, students, teachers. (Use Transparency #3 as a guide for the discussion.)

¶ Distribute Information Handout 4 "Interpersonal Problem Solving". Briefly discuss the approach to problem solving.

¶ Divide the participants into groups of 4 or 5. Distribute one of the Role Plays and the Worksheet to each group. Ask the groups to use the five step method for problem solving to identify problems and develop solutions. When they have completed the first part of the activity ask them to prepare a script that incorporates the problems and solutions and be prepared to present it to the class. (The Worksheet will serve as a guide for identifying the problems confronting the people in the situation and preparing a script.) Suggest that participants who play the different characters use passive, aggressive or assertive methods of communication, depending on how they think the character would react in this situation.

¶ After each group has presented their role play, lead a discussion with all participants about their reactions to the communication methods used by the participants and the solutions.

¶ Close the session by responding to concerns and issues shared by the participants with regard to specific problems.

COMMUNICATION AND PROBLEM SOLVING

COMMUNICATION SKILLS.* Each of us has our own style of communicating and interacting with others. We convey our ideas and attitudes verbally and non-verbally. We use oral, written, sign and body language to communicate respect or a lack of respect, information, competence,support, and emotions. Effective communication is an integral part of the social skills we require to make and keep friends, avoid living in isolation, cope with peer pressure, deal with feelings and maintain control over our environment. To convey messages we want others to receive requires different types of skills. They include:

INTERACTIVE SKILLS. These are the skills that enable us to be comfortable with other people, to let people know they are important, that we are interested in them and what they are saying, that we respect their ideas. Among the ways we demonstrate attending/ interactive behavior is by maintaining eye contact, asking questions, commenting on and paraphrasing what people are saying.

Listening is active and hard work. It is the skill that allows us to hear and understand the feelings, the needs, and requests for help from other people. There are many factors that may affect our ability to receive messages others send us. They include environmental causes such as uncomfortable seats, noise, poor lighting, extreme temperatures. Other factors may range from personal biases, to preconceived attitudes about the speaker or circumstances, to individual value systems, to changing moods, to short attention spans. In order for us to listen effectively, we need to try to prevent prejudice and anger from distorting reception; be willing to consider new ideas; ask speakers to clarify what they are saying if we do not fully understand them.

EXPRESSING FEELINGS AND PROVIDING FEEDBACK. Interpersonal skills enable us to share our emotions and ideas honestly and fully with others and to have respect for the feelings, values and cultural heritages of others. They also allow us to relate effectively and avoid miscommunications that may lead to disagreements with our families, friends, the children we work with, colleagues and other people we come into contact with daily.

Positive communication training is one approach for helping individuals strengthen communication, coping, and problem solving skills. Typically communication skills used by most people fall into three basic categories including:

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*Some of the material in this unit has been adapted from: 1)"A Training Program for Paraprofessionals in Special Education and Related Services" (2nd edition, 1990). NRC for Paraprofessionals, City University of New York; and 2) Heller, B. and Pickett, A.L. (1982). "Effective Utilization of Paraprofessionals" Reston, VA., CEC/TED.

NON-ASSERTIVE (PASSIVE) BEHAVIOR. Acting non-assertively is an ineffective way of communicating. Individuals who are generally non-assertive have difficulty expressing opinions, beliefs and feelings. They do not stand up for their legitimate rights and may feel as though they are being taken advantage of by others. People who do not share their insights, feelings and thoughts frequently withhold valuable information from others thus preventing change and hindering the growth of relationships.

AGGRESSIVE BEHAVIOR. Acting aggressively is another ineffective way of communicating. People who respond aggressively violate the rights of others and do not respect the feelings and contributions of others. They frequently try to "score points" by yelling, being sarcastic, using the put down, and humiliating others. People who demonstrate aggressive behaviors frequently try to impose their attitudes and values on others and in many cases criticize a person rather than actions. Many people confuse assertion and aggression. It is important to recognize the differences and learn to be assertive rather than aggressive.

POSITIVE/ASSERTIVE COMMUNICATION. Assertive behavior allows us to stand up for our legitimate rights. It involves the ability to express thoughts and feelings in an honest, straight-forward fashion that shows respect for others. Being assertive does not mean using the same style all the time. At times assertive individuals may use "I messages" e.g. I believe, I feel, I think. At other times assertive people may use humor, or sometimes they may have special knowledge and serve as an expert. People who have assertive skills are able to monitor and choose the behaviors they will be able to use comfortabley in a particular situation.

REMOVING BARRIERS TO EFFECTIVE COMMUNICATION AND TEAMWORK. The assumption is all too often made that one classroom or education program is pretty much like any other. Nothing is further from the truth. Schools and classrooms reflect the attitudes and styles of the principals and faculty, the special needs of the students, community values, and other cultural factors. Therefore, it is important for teachers to provide an overview and orientation to paraeducators about the philosophy of the school, personnel practices, and procedures that all staff members are expected to follow no matter whether they spend most of their time in a classroom or working with children and their parents at home or in other environments.

Of more direct consequence for the instructional team is the need for teachers to clarify for paraeducators the structure, the methods and the techniques they prefer to use in all phases of classroom and program management. All teachers have a style of their own. One teacher may be very structured and provide specific directions based on rules, procedures, and the individual's supervisory/management style.

Another teacher may ask a paraeducator to share ideas and information and participate in the decision making/ planning process. Still a third person may tend to be non-directive and prefer the paraprofessional to learn by observing what the teacher does and then to model the behavior. Without mutual awareness and understanding of these idiosyncracies the effectiveness of the team will be undermined. (See Handouts 1, 2, & 3 at the end of this unit for additional information.)

A major problem that may impede the development of a strong team effort is a lack of a common base of reference and understanding. Education professionals tend to know and use the same jargon in connection with student performance, assessment techniques, program planning, and educational methods.

Frequently the jargon becomes a form of shorthand and "educationalese" that allows professionals to communicate comfortably with each other while excluding others from participating in the educational process (e.g. parents, students, paraeducators). In addition to the need for instructional teams to develop and strengthen verbal communication skills, they also need to develop a set of non-verbal cues that will enable them to reduce disruptions in all phases of the daily routine. By systematically using silent cues that do not require oral directions and responses to problems in the midst of instructional activities, the team will be able to increase productivity, operate more efficiently in a crisis-situation, and establish a positive approach to communication. The use of non-verbal cues in community centered programs is of equal value and will enable students, employers, co-workers and others to more effectively accomplish the goals of the program.

PROBLEM SOLVING AND DECISION MAKING. Many times, because of the pressures of other duties, education teams may ignore or post-pone dealing with a problem that involves disagreements or conflicts with the other adult(s) with whom they work. In many cases this may accentuate differences among individuals involved in planning and implementing education and related services. It is necessary for the people involved to decide on a course of action.

Finding mutually acceptable solutions is not always easy; and the responsibility for developing effective procedures for alleviating problems is likely to be left to the teachers and paraeducators with little outside assistance or support.

A PROBLEM SOLVING TECHNIQUE. The following are a series of steps that can be used by teachers and paraprofessionals to improve their ability to work together and with students, parents and others they come into contact with. While this approach to problem solving is based on people working together to achieve consensus, there are in fact times when it is necessary for teachers and other supervisors to make decisions that paraeducators may not always fully appreciate or agree with. However, by maintaining open lines of communication and mutual trust these problems should be few and far between.

STEP ONE - IDENTIFYING AND DESCRIBING THE PROBLEM. A situation must be clearly understood. If concerns and issues cannot be stated clearly it is impossible to choose a course of action that will lead to a satisfactory solution. Everyone involved in a situation or participating in planning efforts, should describe the problem in their own words and from their own point of view. This may be done by asking and answering these questions. What is the problem? Who is involved? Who is affected? How are they affected?

STEP TWO - DEFINING AND DETERMINING THE CAUSES OF THE PROBLEM. It is not enough to identify the problem. It is essential to determine what has created the problem and causes it to persist. For example, the problem may be caused by "outside conditions" (contractual agreements, a lack of financial resources) that an instructional team may have little ability to change, or it may have its roots in a lack of understanding of the distinction between the roles and duties of teachers, other professional personnel and paraeducators. Other factors that may influence how a problem is defined may include differences in values and attitudes, age, work experience and education, cultural heritage or religious beliefs. Still other concerns may be connected with the move to restructure education systems and procedures, efforts to provide education services in community based and learning environments, and the need to involve parents and other caregivers in all aspects of their child's education. It is important that the real problem be separated from surface events and that areas of agreement and disagreement be identified.

STEP THREE - DECIDING ON A GOAL AND IDENTIFYING ALTERNATIVE SOLUTIONS. Once the problem has been identified, then strategies can be developed. The primary question that needs to be asked and answered is "what do we want to achieve and how can we go about achieving it?" By working together and brainstorming alternative solutions to the problem the team will have several options that will enable it to choose a course of action with which all can live. It will also enable team members to determine what additional information, physical or human resources, skills or knowledge they will need to carry out the solution and whether or not these resources are essential to achieving the goal.

STEP FOUR - SELECTING AND IMPLEMENTING A COURSE OF ACTION. To make a decision about which course of action will be tried, the participants should decide which solution is most likely to get the desired results. Agreeing on a solution is not enough. The participants must try it out and test it to see if it will work. They must also give it enough time to see if the solution will work since behaviors and new skills cannot be change over night.

STEP FIVE - EVALUATING THE RESULTS. Has the problem been resolved? Is there progress? If not - why not? Should we try another one of the alternatives? Should we ask for assistance from other sources? All of these are questions that will need to be addressed in order to assess the effectiveness of the process.

METHODS OF COMMUNICATION

VERBAL

NON-VERBAL

PASSIVE

AGGRESSIVE

ASSERTIVE/POSITIVE

STRATEGIES FOR EFFECTIVE COMMUNICATION BETWEEN TEACHERS & PARAEDUCATORS

BE RECEPTIVE/ENCOURAGE OTHERS TO SHARE IDEAS & CONCERNS

ASK FOR CLARIFICATION OF INFORMATION & INSTRUCTIONS

ASK FOR ASSISTANCE WHEN NEEDED

RESPECT INDIVIDUALITY & DIFFERENCES IN BACKGROUNDS, VALUES & EXPERIENCES

DEVELOP A SHARED VOCABULARY & SYSTEM OF NON-VERBAL CUES

WORK TOGETHER TO CREATE A CLIMATE OF COOPERATION, TRUST & LOYALTY

TEACHER CHARACTERISTICS AND PREFERENCES PARAEDUCATORS NEED TO KNOW

INSTRUCTIONAL TECHNIQUES & METHODS

SUPERVISORY STYLE

DISCIPLINE/BEHAVIOR MANAGEMENT STRATEGIES

HOW TO USE TEACHING MATERIALS

CLASSROOM ORGANIZATION AND RULES

LISTENING SKILLS

The following are suggestions that may help to make you a more effective listener.

1. Be Receptive. Try to prevent bias, prejudice or anger from distorting what you hear. Be willing to listen to new ideas, to pay attention, to look for the speaker's meaning, and to encourage the speaker by looking at him or her.

2. Concentrate. Try to blot out distractions, such as noise, temperature or other environmental factors. Follow the thread of ideas, be alert for transitions from one thought to another.

3. Become Involved. Listen for personal pronouns, add information to what the speaker says, fill in gaps in his/her message, and maintain a mental running summary of the message.

4. Ask Questions. Clarify points by repeating or paraphrasing the speaker's ideas and invite him/her to clarify missed meanings.

BASIC STRATEGIES FOR CLEAR COMMUNICATION BETWEEN TEACHERS AND PARAEDUCATORS*

There are a number of elements that must be present in any situation to insure clear channels of communication. Some are commonplace and things we take for granted. If the members of the team are not careful and do not pay attention, positive communication can be inhibited. For example:

- The attitudes and feelings of both teachers and paraeducators need to be known, respected and understood. They need to deal openly with their attitudes and feelings toward their roles and duties, their attitudes toward the children they work with, their attitudes toward instructional styles and management and their attitudes toward the value of the other person's contributions. When feelings are not shared and openly communicated, the nature of the relationship will not grow and the team will be less effective.

- An understanding of the similarities and differences among the people involved in the team must be recognized and understood. They may include different points of view about educational strategies, different values, different cultural and religious heritages, different levels of education and experience and other factors that can affect the working relationship.

- Teachers, paraeducators, and other education personnel should actively seek to develop and share a common vocabulary.

- Teachers must make sure that directions and expectations are clearly understood and that paraeducators have the information and skills they require to perform their assigned tasks.

- Paraeducators must be willing to ask for clarification or assistance if the assignment is not understood.

- Teachers should determine what special interests, talents, and training paraeducators have that will complement and enhance their own skills and improve the delivery of education services to children and youth.

- The team must actively work to create a climate of cooperation, trust, respect, and loyalty by meeting regularly to discuss procedures and techniques that will establish and maintain open channels of communication.

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*Source: "A Training Program for Paraprofessionals Working in Special Education and Related Services" (Second edition, 1990). Center for Advanced Study in Education, Graduate School, City University of New York.

TIPS PARAEDUCATORS CAN USE TO BUILD EFFECTIVE RELATIONSHIPS WITH CHILDREN

As members of the education team paraeducators play important roles in the lives of the children they work with. There are many ways they can assist children to acquire effective communication, social, and problem solving skills, learn to become more independent, build self-esteem, and develop and maintain friendships. A few are presented here. Paraeducators should:

- Respect the human rights and individuality of all children.
- Reach out to children. Learn what they like and dislike, how they prefer to spend free time. Look for and share information about games, music, pets and special events individual children enjoy.
- Use positive communication. Listen carefully, maintain eye contact, ask questions, respond to the ideas, concerns and needs children share with you.
- Treat children in the ways you want them to treat others. Be fair, kind and polite. Do not yell or use abusive language. Use humor but do not use sarcasm or make fun of others.
- Encourage the development of independence, autonomy, and individuality by providing opportunities for children to make choices.
- Encourage children to assist each other when help is needed.
- Reinforce the use of appropriate social skills. Model and teach methods children can use to strengthen their ability to monitor and control their behavior, share emotions/feelings, make and maintain friendships, cope with peer pressure.
- Promote the legal rights of children. Maintain confidentiality, report signs of abuse to teachers.

WHAT PARAEDUCATORS NEED TO KNOW ABOUT TEACHERS*

TEACHING STYLES. Teachers, like everyone else have unique characteristics and ways of doing things. These characteristics are rarely given much thought by the teacher because they are such an integral part of the individual's teaching style; but for paraeducators who are in support roles it is imperative that they know as much about these characteristics as possible. Without mutual awareness and understanding of how the teacher prefers to teach the effectiveness of the team can be undermined. All teachers have styles of their own. Styles may be flexible, controlling, permissive or have a combination of all of these and more. Most teachers have an array of teaching strategies they like to use in a specific situation or with a specific student. They may be topic related, skill related, or concept related. For other teachers structured behavior management methods may serve as the basic approach for teaching skills and helping children learn to monitor and maintain effective behavior. Some teachers may rely on self-instruction whereas others will rely on incidental types of learning centers or various types of group or individual projects. No matter what method a teacher uses, it is important for paraeducators to know what teaching repertoires the teacher has chosen and the reasons why they are used with a specific group or an individual child.

SUPERVISORY STYLES. Just as teachers have unique teaching styles, they also have distinct supervisory styles. One person may be very structured and provide specific directions based on rules, procedures, program and classroom structures developed by the teacher. Another person may ask the paraeducator to share ideas and information and participate in the decision making/planning process. Still a third person may tend to be non-directive and prefer the paraeducator to learn by observing what the teacher does and then model the behavior.

DISCIPLINE STRATEGIES. Discipline is for most teachers something that they hold very close and very dear to themselves. How they discipline and why they discipline is known many times only to them. It is important for the paraeducator to understand why one child requires one disciplinary strategy and another with similar behaviors does not.

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*Adapted from: "A Training Program to Prepare Teachers to Supervise & Work Effectively With Paraprofessionals" (2nd Edition, 1989). New York. The NRC for Paraprofessionals in Education and Related Services.

TEACHING MATERIALS. Teachers, almost like good mechanics, have their favorite tools. In the selection and use of instructional materials, teachers very often will rely more on one type of material than on another, even though either one might work in the particular learning situation. Like discipline, it is important for the paraeducator to know why that particular material was selected and is of value in a particular learning situation.

CLASSROOM ORGANIZATION AND RULES. Both structure and rules are integral to the system of discipline and behavior management use in the classroom. Structure or a lack of it will very often determine the type of discipline that is used in the classroom. For example, an open classroom setting places considerably more responsibility on children to determine the course of their behavior than a very structured classroom setting does. The paraeducator needs to know why a particular structure has been chosen by the teacher, and why and how it complements the instructional delivery and/or processes.

The old adage that rules are made to be broken is not a procedure that is going to produce positive results in a classroom. The difficulty with rules is that some are formalized and written, other are informal and unwritten. It is the unwritten rule or unspoken rule that causes the most difficulty. Often times it is difficult for both paraeducators and children to comprehend fully what these rules are and how they are being applied.

INTER-PERSONAL PROBLEM SOLVING

I. DEFINE:

- The problem as one person sees it
- The problem as the other person sees it
- Develop a common or shared definition

II. ASK:

- Who is involved
- How are they involved
- What behaviors/attitudes of the different individuals need to be changed

III. LIST:

- Areas of mutual agreement concerning problems
- Areas of disagreement
- The barriers to finding a solution

IV. DEVELOP:

- A desired goal(s)
- A solution(s) by brainstorming various ideas
- A list of resources, information or assistance that will help you achieve the goal

V. IMPLEMENT:

- The solution for a specific time period and evaluate the effectiveness of the solution
- If necessary select and implement another alternative

EXERCISE 1
Page 1 of 2

PARAEDUCATOR COMMUNICATION AND SOCIAL SKILLS INVENTORY*

This is not a test. This is a tool you can use to rate your ability to communicate/interact with co-workers, students, parents, and other people you come into contact with on-the-job. It is designed to help you assess your social skills, your ability to express your feelings, and to help you identify skills you would like to improve. Circle the number to the right of each item, which best describes how well you use a specific skill. When you have completed the inventory, review the various skills and think about those you feel are important to the way you perform your job. Choose three that you would like to improve and make a list of ways you can change these behaviors.

		fair		average	excellent
1. Active listening	1	2	3	4	5
2. Starting a conversation	1	2	3	4	5
3. Asking for a favor	1	2	3	4	5
4. Giving a compliment	1	2	3	4	5
5. Accepting a compliment	1	2	3	4	5
6. Accepting criticism	1	2	3	4	5
7. Giving criticism	1	2	3	4	5
8. Apologizing	1	2	3	4	5
9. Giving instructions	1	2	3	4	5
10. Following instructions	1	2	3	4	5
11. Expressing your feelings	1	2	3	4	5

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*Adapted from: "A Teacher Self-Assessment Inventory" developed by Linda Thurston, Associate Professor Special Education, College of Education, Kansas State University, Manhattan.

		fair	average		excellent
12. Handling anger	1	2	3	4	5
13. Dealing with conflict	1	2	3	4	5
14. Problem solving	1	2	3	4	5
15. Standing up for your rights	1	2	3	4	5
16. Stating what you want	1	2	3	4	5
17. Stating an unpopular opinion	1	2	3	4	5
18. Saying no	1	2	3	4	5
19. Having a positive attitude	1	2	3	4	5
20. Asking questions	1	2	3	4	5
21. Completing tasks	1	2	3	4	5
22. Dealing with resistance	1	2	3	4	5

SITUATION 1

The Background

Mr. Franklin, the principal of a school where Sally Warren is an instructional paraeducator, believes that he has put together a terrific staff, who know one another, are interested in one another, and like one another. To enhance the "esprit de corp" he uses the loud speaker system to communicate to the staff all the latest news about them: who is going to take another job; who has received a new degree; who has contributed a good idea about improving the school. He begins this process by welcoming and introducing the new professional staff to the school at the beginning of the year so that a feeling of "togetherness" can be initiated and maintained. However, Mr. Franklin never acknowledges anyone other than teachers; not the custodians, not the cafeteria workers, and not the instructional paraeducators.

Sally, a paraeducator, who has been at the school for six years, is leaving for a new assignment. She will be working in an early intervention program, where she will be working with parents of infants and toddlers who have disabilities or chronic illnesses. She is excited about the challenges of the new job and program. It is now 3:15 P.M. on her last day at the school; Mr. Franklin, and what else is new, did not mention this during his "Coffee Break News Time". Sally is discussing Mr. Franklin's concept of communication with Joan Mitchell, the teacher she has been working with for the last three years. Joan is surprised to learn how upset Sally is and that she is thinking about marching into Mr. Franklin's office to let him have it. Role play the situation.

SITUATION 2

The Background

Felix is three years old. He has seizures at least twice every day in the classroom. Gene Thompson, the teacher, notices that Arlene Wong, the paraeducator seems reluctant to assist Felix when the seizures occur. In fact, Ms. Wong ignores him most of the time.

Mr. Thompson decides he needs to discuss the situation with Ms. Wong. At the beginning of the meeting, Ms. Wong announces that she likes most of the children but for some reason she just does not like Felix and finds it difficult to work with him. Role play the meeting.

SITUATION 3

The Background

Joan Curry has worked as a paraeducator for 22 years. She started out working as a playground and lunchroom monitor and for the last 15 years has worked as an instructional assistant in special education programs. She has seen teachers come and go. She is well liked by the students, teachers and other staff members.

This year she has been assigned to work with Gale Brewer - a new teacher. Things have not gone well between the two of them. The tasks Gale has assigned to Joan include supervising recess, setting up learning centers, making bulletin boards. Joan feels that she is not appreciated and has started to complain to the rest of the staff about Gale.

This is Gale's first job. While she was in college she was not prepared to supervise or work with another adult in the class - let alone someone who is old enough to be her mother with more than 20 years experience. She really feels that as the teacher she is responsible for and will be held accountable for everything that goes on in the class - the good and the bad. That is why after thinking it over, she has decided that it is important to establish herself as the person who is in charge of the class. It is not always easy because Joan is always making suggestions and telling her how other teachers do things. In fact, Joan can be a little intimidating. Now other teachers have started to tell her how lucky she is to have Joan work with her. Role play a meeting between the two of them.

SITUATION 4

The Background

Clara Martinez is a paraeducator in a preschool class that serves young children ages 3-5, with and without disabilities. She has worked in Head Start programs for several years and is the mother of a son who has mental retardation. And she speaks Spanish fluently. She was recruited by the principal to work in the class because of her understanding of the needs of children with disabilities and because several Hispanic children with special needs are enrolled in the class. In addition, to the teacher there are two other paraeducators assigned to the class.

The teacher, Trudy Baker, has a Master's in Early Childhood Education, but has never taught students who have disabilities. Despite Clara's understanding of the needs of students with special needs, Ms. Baker seems to rely on Josie and Caroline and ignore Clara's skills. The three of them have worked as a team for 4 years and are very close. In fact, it seems they can almost read each others minds. The two other paraeducators take their lunch breaks together and frequently come back late. Role play a meeting with the team.

SITUATION 5

The Background

Georgette Brown is a new paraeducator in a high school industrial arts class. She has been a Girl Scout Leader and been active in the PTA. She and her husband are renovating their house so she has developed some good carpentry skills. When she started her job, the principal told her about the full inclusion program for students with disabilities they were starting in the school. When Georgette expressed concern about her ability to work with students with disabilities, she was told not to worry that Mr. Dobson, the teacher she would be working with would explain what he wanted her to do. This has never happened. In fact, most of the communication between them takes place in the class in front of the students, and Georgette feels this is undermining her ability to work with the students and maintain control of the class when Mr. Dobson must leave the room.

Ken Dobson is the teacher. This year for the first time since he started teaching 12 years ago he has been assigned an instructional paraeducator to assist him. This was done because of the district's decision to fully integrate students with disabilities into general education. Ken likes the challenge of working with students with disabilities, but he is not so sure that he likes working with another adult. Indeed, because he is very busy with extra curricular duties and working on a graduate degree, he does not have time to meet with her regularly. He is a loner who has his own ways of doing things, and he feels that Georgette does not always follow his lead. Things are not going well in the class, and Georgette seems to be having trouble with some of the students with challenging behavior. Role play a meeting between Ken and Georgette.

SITUATION 6

The Background

Barbara Sturm, has been working as a paraeducator for three years. For the first two years she worked with the same teacher in a special education class serving students with severe disabilities. This year, she has been assigned to facilitate the inclusion of Liza McNees into a general education 4th grade class. She is now working with three teachers. Mildred McNair, the special education teacher she has worked with for the last two years; Jim O'Connor a physical education teacher, and Virginia Thompson, the fourth grade teacher.

Each of the teachers has a different teaching style, attitude about discipline and behavior management, and classroom management. Things are going fairly well in the P.E. class. Mr. O'Connor has assigned a buddy to assist Liza with warm-up activities and make sure she follows the rules when they are playing games. Barbara is worried because she thinks Mr. O'Connor may be encouraging Liza to do more than she is capable of - especially in gymnastics. Barbara is concerned about it, because as she understands things she is responsible for Liza's safety. When she tries to discuss it with Mr. O'Connor, he laughs and tells her she is too serious and not to be a "Nervous Nelly".

Virginia Thompson is very pleasant, but never asks Barbara to share ideas about how best to work with Liza. In addition, she does not always follow Liza's instructional program the way it was designed by Mildred, and seems to resent it if Barbara makes suggestions. She has started to ask Barbara to work with some of the other students, and Barbara is not sure that is proper since Liza's IEP plainly states that Barbara is supposed to tutor her and does not mention any other students.

Mildred has always been very supportive of Barbara. Now when Barbara tries to share her concerns with Mildred about how things are going in the P.E. program and the 4th grade class, she becomes very impatient and says there is nothing she can do since it is up to the other teachers to decide what happens in their class.

Barbara has become very frustrated because no one listens to her. She has asked for a meeting to see if she can clarify things. Role play the meeting.

A PROBLEM SOLVING EXERCISE

1. Describe the problem from the paraeducator's point of view.

2. Describe the problem from the teacher's (or the other person's) point of view.

3. What behavior or attitude does the teacher or other person need to change?

4. What behavior or attitude does the paraeducator need to change?

5. Discuss and list ways they can work together to change the situation.

HUMAN AND LEGAL RIGHTS OF CHILDREN WITH DISABILITIES AND THEIR FAMILIES

OVERVIEW

Throughout the centuries, the majority of people with disabilities were kept out of sight as often as possible. Along with "out of sight" went "out of mind" for most people. There was almost no consideration given to any rights, implicit or otherwise, that children, youth and adults with disabilities might have. At the height of the ostracization, in the 19th and early 20th century when large congregate institutions were packed with people with developmental and other disabilities, sterilization without consent was routinely performed on both women and men, and no consideration was given at all to the rights of individuals to participate in elections, or make decisions that affected their lives. Buildings were erected with little thought given to accessibility issues nor to functional use by people with physical disabilities. The "care" provided in institutional settings was designed for the convenience of the staff, to be accomplished at the lowest possible cost to the government. People with psychiatric disabilities were placed in "snake pits" with no therapeutic care or assistance to resume their regular lives once the crisis had ended. Truly, those times were a "dark age" -- dark and grim.

The latter part of the 20th Century has seen some remarkable changes. Beginning in the 1960's with the advent of community programs for children, youth and adults with mental retardation, society began to recognize the human and the legal rights of individuals with disabilities. The legal rights to own property, to vote, to take part in government, and to serve on policy making boards, and the human rights to go where one wants to go, to be recognized as a person worthy of respect and to marry and have children are now recognized and backed by law. The passage in 1973 of the Rehabilitation Act affirmed some of these rights and the 1990 Americans with Disabilities Act is protecting more. Although initial community-based services in homes and at school were often offered in segregated settings, present policies and laws tend to mandate including children, youth and adults with disabilities in general education and community settings.

We have not yet reached Nirvana, but we are beginning to glimpse possibilities of what could be. Still, "we have (more) promises to keep, and miles to go before we sleep."

INSTRUCTIONAL OBJECTIVES

The paraeducator will be able to:

1) Identify and describe the human rights inherent in the principles of:

    a) The Developmental Assumption;
    b) Normalization;

- c) The right of individuals to make choices in events that influence their lives;
- d) The right of individuals to participate in their own individual planning teams;
- e) The right of individuals to be respected by others for their status as people; and
- f) The right of individuals to assume the Dignity of Risk and to "fail" as well as succeed in their educational and other endeavors.

2) Identify and describe at least three provisions of each of the following sources of legal rights:

- a) The Bill of Rights of the United States Constitution;
- b) The Americans with Disabilities Act (ADA) of 1990;
- c) The Rehabilitation Act of 1973 (as revised);
- d) Public Law 94-142; and P.L. 101-476 (IDEA); and
- e) Public Law 99-457.

TIME REQUIRED TO PRESENT MATERIALS

This module will require approximately three to four hours to teach.

EQUIPMENT REQUIRED

- A flipchart and easel, or a chalkboard;
- Copies of the Background Material and Exercises;
- Copies of P.L. 101-476 and 99-457 will be helpful.

BEFORE THE TRAINING SESSION

- Read the material in this module thoroughly. Compare the information with other resources, state and local policies or regulations that might apply, and the Bill of Rights and federal legislation.

- Prepare a short lecture on the material which includes references to any local policies or procedures that are relevant. It is a good idea to include in your lecture your own experiences; these anecdotes make the lesson come alive for those who are listening.

- Make copies of the Information Handouts and Exercises.

- Write the definitions of The Developmental Assumption and Normalization, on the chalkboard or flipchart. (See page 3 in the Background Material)

DURING THE TRAINING

¶ There are more instructional activities suggested for this unit than you will have time for - so select the ones that most appropriately meet the needs of the trainees.

¶ Begin the discussion by talking briefly about the history of people with disabilities and the ways in which rights were abused over the centuries.

¶ Once you have concluded the lecture, initiate discussion with the class by asking, "Have any of you had personal experiences or do you know of times when human or legal rights were denied to an individual because s/he had disabilities?" Another discussion question might be, "Why do you think people with disabilities were so abused?"

¶ Hand out Exercise #1, "Protecting the Human Rights of People with Disabilities." Ask trainees to respond in writing to the statement at the top. Indicate that they are to write down all their responses; they should then be prepared to participate in a class discussion of the statement.

¶ Continue the class session by talking briefly about the human rights which are outlined in the Background Materials. Explain that human rights are those which are not legislated or covered by court decisions; rather, they are those rights which each of us deserve because we are human. The right to be included in "regular" settings is a human right and should be considered as such. Even though "inclusion is a part of IDEA, it is based on a simple right and the knowledge that people learn best from their peers. Both Exercise #l and Exercise #5 allude to "inclusion." Use them as it seems effective.

¶ Distribute Information Handout #1. Ask the participants to review it. Then lead a discussion of the right of all people to be respected. As you discuss the right to respect, a question to the class would be in order about ways in which we convey respect to other people. Again, examples from your own experience will help to clarify this right. Ensure that trainees understand that an individual's demeanor, use of language, and attitudes are major factors in giving respect.

¶ Distribute Exercise #2, "Personal Goals" and ask the trainees to complete it, and to be prepared to discuss their reactions to the "quiz."

¶ When you talk about the principles of The Developmental Assumption and Normalization, stress that these govern the delivery of services for children and youth with disabilities and, in many situations, the nature of the services is based on these principles.

¶ When you have completed the discussion, distribute Exercise #3, "The Developmental Assumption and the Principal of Normalization". After the participants respond to the question about the Developmental Assumption, draw them into general class discussion. When they have completed the lesson plan under the Normalization principle, ask several people to share their plans with the group.

¶ Present a short lecture on legislated and court ordered rights. You should have available school policy and regulations that are reflective of P.L. 94-142 and P.L. 101-476 (the reauthorization of P.L. 94-142) which is commonly referred to as IDEA (Individuals with Disabilities Act, 1990) and P.L. 99-457. Discuss how these legislative actions guarantee civil rights for children and youth with disabilities and their families.

¶ Distribute Exercise #4, "Protecting the Legal Rights of Children and Youth with Disabilities." When the teams complete the activity ask them to share their responses with the entire class.

¶ Distribute Exercise #5 - the Case Study of Carrie Sue. Ask the individuals to complete the worksheet and be prepared to discuss their responses.

RESOURCES AND MATERIALS

"Creating Visions: Direct Care Service Provider Training" (1991). Idaho Center on Developmental Disabilities, University of Idaho, Moscow.

Kellogg Model Curriculum (1985). "Legal and Ethical Considerations For Persons With Disabilities." Meyer Rehabilitation Institute, The University of Nebraska Medical Center, Omaha.

McLean, M. and Odom, S. (1988). "Least Restrictive Environment and Social Integration," Division for Early Childhood White Paper. Reston, Virginia: Council for Exceptional Children.

Odom, S.L. and McEvoy, M.A. (1988). "Integration of Preschool Children with Handicaps and Normally Developing Children." In Odom, S. and Karnes, M. (eds.) Early Intervention with Infants and Children with Handicaps: An Empirical Base. Baltimore: Paul H. Brookes Publishing Co.

Pace Setter (September, 1989). "It's the Person First - Then the Disability." Minneapolis: PACER Center.

Wolfensberger, W., Nirje, B., Pershe R. and Ross, P. (1972). "The Principle of Normalization in Human Services." Toronto: National Institute on Mental Health.

HUMAN AND LEGAL RIGHTS OF CHILDREN AND YOUTH WITH DISABILITIES AND THEIR FAMILIES

RELEVANT HISTORY. There is ample evidence that people with disabilities have been a part of all racial and ethnic groups throughout history. Early cave drawings, for example, picture people whose arms or legs are missing; probably they had been injured while trying to hunt down food or contend with wild animals. As such they may have been valued members of their society because they contributed to it.

In other cases, however, it is clear from the records that are available that individuals with disabilities were not valued members of the community. Sometimes, special asylums were built for people with psychiatric disabilities or with mental retardation. For the most part the conditions in these institutions were dehumanizing, filthy and crowded and there is no evidence that any time was spent to help people better cope with the world and themselves. The growth of institutions in the United States followed these patterns. They were characterized by crowding, lack of educational opportunities, and inhumane settings. Often, people were involuntarily sterilized because of the fear that they would reproduce infants who, too, had mental retardation. Although a complete history of special schools, asylums, and institutions reveals that the people who started them often did so with good intentions, the crowding that usually occurred and the segregation from other people seemed always to bring the same harsh results.

Much of the treatment of people, particularly those with developmental disabilities, occurred because it was believed that they were not able to learn like other people and that it would be a waste of time to devote much effort to trying to help them do so. The treatment of children with severe emotional disabilities and of adults with long-term psychiatric disabilities was equally terrible. Families and the medical profession believed that there was no cure for psychiatric disability and the only solution was long-term institutionalization.

INCLUSION. The continued segregation of children and youth with disabilities brought about unsurprising but also unidentified results. Although most people know that children and adults tend to learn most things from their peers, the professional world did not recognize that people in segregated settings also learned from their peers. In other words, if several people with "violent" behaviors were put into a segregated school, the likelihood was they would learn from one another - each person learning the "violent" behaviors of other people in the same place.

On the other hand, if an individual with "unusual" behaviors was put into a classroom or residence with people whose behavior was not unusual, the likelihood was that the person would learn more usual behaviors.

In the same vein, people who do not communicate verbally are more likely to learn verbal communication if they go to school or live with people who talk; a child who is not toilet trained is more likely to learn appropriate toileting behavior if s/he is in a setting where other people are toilet trained.

There is a flip side to the desirability of placing children, youth and adults with disabilities into settings with people who do not have disabilities. When children and young people who do not have disabilities are in classrooms, work places or other settings alongside individuals who do have disabilities, they have the opportunity to become friends of people with disabilities. Once acquiantanceships or friendships are formed, fear of something unknown (like sensory impairments, physical disabilities or mental retardation) tends to leave and the people with disabilities have an easier time becoming full participants in the community.

Recognizing the value of "inclusion" for children and youth with disabilities, the authors of P.L. 101-476 (IDEA) and P.L. 99-457 initiated the move to incorporate children and youth with disabilities into general education. Even though special educators for years prided themselves on their capabilities of using "special" methods for "special" children, most now recognize the amount of "peer learning" that takes place and the value of including children, youth and adults with disabilities in "regular" community setting.

DEVIANCY. For many people with disabilities, the greatest obstacle to their becoming a part of the community and receiving services there has been the perception of "deviancy." Most individuals with disabilities are perceived by the general population as "deviant" -- different from other people in a way that is negatively valued.

Consider, for example, the impact that a person who uses a wheelchair may have on others. S/he is seen as "unable" to participate in activities in the same way as other people. For some individuals, just the sight of a person in a wheelchair is frightening. We tend to reject what we do not know or understand, and the wheelchair, itself, brings on images of a person who is ill and who cannot manage things for him/herself.

Public reaction to persons seen as deviant is often to ignore, to jeer, to be frightened of or to wish that they would go away (and stay away). Thus, the segregated congregate care facilities became an answer to the responses of the general public.

A NEW ERA BEGINS. The growth of community-based programs which began in the late 1960's evolved from the shock and horror that many people felt when they visited or worked in large, congregate care facilities. There was also a strong impetus provided by the families of individuals with disabilities. Many parents wanted their children at home. They did not want to have to send a child who just happened to have a disability to a place where they would have little opportunity to watch him/her grow and develop. They were convinced that education could be provided locally and that people with developmental disabilities could learn skills and become a part of the community. As a result, parents began to open community "developmental centers" where they taught their sons and daughters needed skills and "sheltered workshops" where their children could participate in work-like activities. These centers often provided the foundation on which current community-based programs were built. It is interesting to note that even community based schools and programs moved from segregation to integration into the community.

THE DEVELOPMENTAL ASSUMPTION. There are two basic principles that underlie the growth of community programs and the expansion of opportunities for people with disabilities to participate fully in the community. The first of these is the "developmental assumption " which simply states, "All people are capable of growth and development." This seemingly simple statement contains a volume of truth and precipitated the movement toward building educational and work-related programs for all people with disabilities. It refutes the old precept that hung on for so long: some people can learn and some people can't. So long as that loomed large in the thinking of families and professionals, it prevented the growth of helpful programs. It allowed for a selection; we can work with Joe; but not with Rosalie. And it perpetuated the segregated facilities. The developmental assumption is that all of us can profit from educational opportunities. It leads to our understanding that when people do not seem to be learning, it may be that we don't know how to teach. It leads to the development of new techniques for teaching, assistive technological devices to help people learn more easily and inclusion in community environments.

NORMALIZATION. The second basic principle for development of appropriate educational and work programs for individuals with disabilities is the principle of "Normalization." It governs the way in which people with disabilities are taught by stating that we should "use means that are as normative as possible in order to establish, elicit and/or maintain behaviors that are as normative as possible."

Although it may sound complex, it simply means that people learn better when they are taught in the same environments as other people and when they learn tasks within the setting in which the skill will be used. It means that we learn from the settings in which we are placed; that, if institutionalized, we probably will learn those skills necessary to live within an institution. If we are taught in the community, we will learn the skills necessary to participate in the community. We learn from other people and all of us acquire the skills of those around us.

MAKING CHOICES. We should all remember how we felt when our parents, teachers or friends made decisions for us even though we were ready to make or participate in making decisions about our lives. "We'll go on a picnic today." "The best university for John is the University of Maine." "You should marry Kathleen; Karen is no good for you." This obviously paternalistic approach usually disappears from our lives when we become old enough to protest. But, for people with disabilities, paternalism has often been a major stumbling block. Professionals and family members have often assumed that, because they did not have disabilities, they knew exactly what the course of life should be for the person with the disability.

In order for people to fully participate in the community, they must have the opportunity to make their own choices, based on accurate information. This means that the role of the teacher or parapractitioner is to assist children and youth with disabilities and their families to acquire information about alternatives along the way. It is impossible to make good choices without good information. For example, how does one decide whether to have a caramel or a chocolate sundae unless we have tasted both? How do we decide which job we want unless we have experienced some parts of each -- or have reliable information on what each entails? How do we know where we want to live unless we have some idea of what various places are like? How do we decide which college to attend unless we know what our alternatives are?

This human right, to make one's own choices, is an important one. Its availability depends to some extent on the willingness of educational and other personnel to help explore alternatives.

PARTICIPATION IN PLANNING TEAMS. P.L. 94-142 and its reauthorization contained in the Individuals with Disabilities Education Act (IDEA), mandate the participation of families in the educational planning team that makes plans for each year of educational experience. P.L. 99-457 mandates the creation of an individual family service plan for young children with disabilities and their families. While neither law specifically states that the person with the disability should be present at his/her planning session, clearly it is a human right that it should be possible for him/her to be a part of planning events that will shape his/her life. The idea that such planning should take place without verbal and/or written input from the person involved in antithetical to the belief that people with disabilities have the same human rights as the rest of the population.

RESPECT AS A PERSON. Each individual on this earth is entitled to respect, as an individual human. It is accorded through courtesy, listening and noting the likes and dislikes of the other person. Greeting a man in his fifties, for example, as "Billy" is one good way to take away respect. The simple fact that the gentleman has lived more than half a century earns him the right to be addressed by his last name and a title: "Hello, Mr. Abruzzo." If he chooses to give others the right to call him, "Billy," that, of course, is his decision. Until he does so, however, the title is desirable.

Listening to people is another way to pay respect. If an individual is talking to you, it is important that you take the time to stop and hear what is being said. If you are really busy and can't do that, then say, "I need to get on with my work right now. Can I come back in ten minutes, and we'll talk?"

As teachers and paraeducators plan together for activities in and out of the classroom, they also pay respect to the children or youth whom they are serving by paying attention to individual likes and dislikes. Planning a class picnic in a wooded area, for example, when the news is full of warnings about ticks and Lyme Disease, is one way to say, "We have no respect for this group of people!" Acknowledging that other people's feelings are valid by considering them as part of planning is a way of saying, "I have respect for you as a person." When we consider ways in which to respect others, it is important to acknowledge how we want to be treated. What makes us feel respected as an individual?

THE DIGNITY OF RISK. This principle is another important part of sound educational planning for children and youth with disabilities. It is based on observations about how and when people learn, and how and what enhances self-esteem.

In order for a child to learn to ride a bicycle, there comes a moment when the training wheels come off, dad quits running alongside providing support and the youngster wobbles off on two wheels. This initial ride may end in a spill and a skinned knee or it may end gloriously with a pickup in momentum and the child confidently riding away. There are risks entailed: when the training wheels come off and when dad lets go. The father probably understands those risks well, but he knows that his child will only learn to balance and peddle when the supports are gone. The child probably understands the risks, too, and it may be with a bit of fright that s/he feels the supports leaving. But, when they are gone, the opportunity is there to make it on his/her own. Part of the thrill is overcoming the risk.

And, so we learn many things. We risk and try -- sometimes, we fail; sometimes we succeed. And success is usually worth the risk.

It is tempting, when working with children and youth with disabilities, to be so protective that there is no opportunity to fail. Sometimes, teachers and parapractitioners work hard at making learning risk-free, thinking they will bolster students by doing so. It is good to remember, however, that learning for all of us often entails risks. Because it does, we value it more. Opportunities to risk are a part of life and, as such, should be considered as part of the life of an individual with a disability. Over protectiveness is usually a deterrent to assisting children and youth toward full community participation.

LEGISLATIVE GUARANTEE OF RIGHTS. The rights and principles discussed above are, for the most part, human rights that are accorded to individuals -- and agreed upon by most people as part of the entitlements we earn because of our status as human beings.

Legislatures, state and Federal, however, have contributed to the guarantee of rights; there are those on which our country is founded and there are others which have evolved in the two hundred plus years since the Constitution was drafted.

THE BILL OF RIGHTS is the first ten amendments to the Constitution of the United States. Those basic rights statements were drafted by the writers of the Constitution and were ratified by the First Congress. They include the right to work where one chooses, the right to speak out in public, the right of the press to print all the news, the right to assemble (gather together) as we choose, the right to bear arms, and the right not to have to testify against oneself. The drafters of these amendments were determined that people in America would be freer than their counterparts in Europe. It is a good start toward establishment of rights, although such freedoms as the right to vote were not included in the Bill of Rights. To be sure, it was given to white men, but men who were Afro-American and women of all colors had to wait many years before the right to vote was accorded to them.

THE REHABILITATION ACT OF 1973 came to be known as the civil rights act for people with disabilities. During the 1960's when there were many demonstrations and attempts to achieve full and equal civil rights for all people, individuals with disabilities were considered as one group who had been disenfranchised. It was decided, however, that it would be too difficult to pass the Civil Rights legislation if people with disabilities were included in it, so they were left out. The 1973 Act began to make up for that set-back.

The Rehabilitation Act, in Sections 502, 503 and 504, guarantees access to buildings on which Federal dollars have been spent and it protects the rights of individuals not to be discriminated against in jobs where Federal dollars are being used. The legislation was enough to begin to clean up the landscape as far accessibility to parks, monuments, museums, schools, universities and other public buildings was concerned. It also provided the base for a number of cases of alleged job discrimination.

The Rehabilitation Act was a forerunner of other legislation that would go farther toward the protection of rights for people with disabilities. It is highly regarded, however, for the rights issues covered in it; in addition, it was renewed and strengthened in 1984 and is now in the process of further re-authorization. It is important to be familiar with it.

PUBLIC LAW 94-142. This landmark Federal legislation enacted in 1975 required public schools to provide an education for all children, regardless of disability. Up to that time, many schools had been selective about whom they would serve and children and youth with multiple medical needs, severe or profound retardation, severe emotional disabilities or other behaviors deemed to be not suitable, had been excluded. There were several states which had earlier passed an education for all children bill, but it was not uniform across the country until P.L. 94-142.

In addition to guaranteeing a free, appropriate public education for children and youth, this law mandated that each person being educated should have an individual educational plan -- one designed to meet the specific needs of the person. It also mandated that parents should be a part of the planning team. An appeal mechanism called "due process" was created by the law so that parents who disagree with the plan have a way to object. P.L. 94-142 also addressed the issue of children and their families for whom English is not the primary language. It required evaluations to be carried out in the language that the child or youth understands. It further says that interpreters must be available if needed when the educational planning team meets and that decisions about appropriate placement are to be made based on non-discrimintory evaluations.

The intent of P.L. 94-142 was to establish services that would support children and youth in the regular classroom. If that was not possible, they were to be educated in the "least restrictive environment" appropriate for the individual, thus opening the doors to integrated educational opportunities for people with disabilities. In 1990, the law was re-authorized and the impetus toward education in the regular classroom was strengthened. The new law, (101-476) called IDEA, Individuals with Disabilities Education Act, reaffirms and strengthens the rights of families to be an integral part of the educational team and furthers the movement toward inclusion.

P.L. 99-457, passed in 1985, addresses the rights of children from birth to the age of five and their families to receive appropriate therapy, medical and education services. It established two new programs. The first is designed to meet the needs of young children ages three through the age of five with disabilities; the second encourages states to provide services for infants and toddlers from birth through the age of two who have disabilities or are at risk for other reasons.

In general the first program required state and local education agencies to extend all of the rights mandated by P.L. 94-142 to all children with disabilities beginning at age three. To achieve this goal and ensure that young children are served in inclusive settings, school districts are using a variety of strategies. Some districts have established new pre-school programs for all children or they have placed young children with disabilities in existing early childhood classes. Others have joined forces with Head Start or private non-profit education provider agencies in their community.

The Handicapped Infants and Toddlers Program, which is the second part of P.L. 99-457, encourages states to provide coordinated multi-disciplinary education, medical and other related services to children from birth through the age of two, and to provide services and support to their families. Individual Family Service Plans (IFSP) like IEPs are the corner stone for identifying the strengths and service needs of the children and their families, no matter whether they attend center/school based programs or receive services from home visitors.

THE AMERICANS WITH DISABILITIES ACT (ADA) was passed in 1990. This broad Act has been hailed as the ultimate civil rights bill for people with disabilities. It speaks especially to the work place and the rights of individuals with disabilities to access business, industry, educational settings and a host of other buildings generally used by the public. It addresses accommodation, that is, the alteration of job settings so that the work can be done by people with disabilities. It mandates accessibility on public transportation.

The passage of the ADA was managed by a massive, joint effort among people with disabilities all across the United States. When the President signed it into law, there was considerable rejoicing among groups representing people with disabilities. While it is possible to mandate accessibility so that those with disabilities can, in a physical way, have opportunities to take part in the same education, work, living and play activities as other people, we will have to rely on the essential good-will of people to people to achieve integration in all aspects of the lives of people with disabilities.

DUE PROCESS was mentioned in the discussion of P.L. 94-142. In that case, it simply means that there is an established mechanisms for protesting when a student or family disagree with an individual educational plan. Used more generically, it always indicates that there is a way to disagree formally and to work, through channels, to resolve disagreements. Formulation of each of the laws listed above means that it is possible to disagree with an action or a setback in a formal way. Laws such as the ADA are the base upon which a formal protest or a lawsuit can be based, and the court system provides the appropriate channels.

It would be nice to think that all advancements for people with disabilities were made because of the essential good-will of people without disabilities. This, unfortunately, is not true, and many of the moves toward full participation in the community have been made possible because of the settlement of lawsuits.

RIGHT TO PRIVACY. There is no mention in the Bill of Rights specifically about the right to privacy. It was determined by the Supreme Court in a decision handed down in 1927. Their decision stated that each individual has a fundamental right to privacy, guaranteed through interpretation of the Constitution. This right has an impact in different ways on the delivery of education services: 1) There are some activities, such as using the toilet, that are deemed to be "private" acts. It may be that a student with whom you are working does need assistance in the toileting process. If so, you should afford the person the most privacy possible; no open bathroom doors or forays by female staff into male bathrooms. 2) The privacy as to physical acts is important, but perhaps even more so, is the fundamental right to be sure that one's activities and behaviors are not discussed with other people. Logs, observational data, test results and all other material pertinent to one person should only be seen or discussed by people who have a need to know. It is wrong to talk about the person to other people who do not work with a child or youth or their families.

SUMMARY. The human and legal rights discussed here are only an introduction to the massive amount of law and social custom that relates to children and youth with disabilities. Perhaps the best guideline that can be used to protect the rights of people is to consider what each of us want for ourselves in terms of rights.

IT'S THE 'PERSON FIRST' - THEN THE DISABILITY*

What do you see first?

When you see a person in a wheelchair unable to get up the stairs into a building, do you say "there is a handicapped person unable to find a ramp"? Or do you say "there is a person with a disability who is handicapped by an inaccessible building"?

What is the proper way to speak to or about someone who has a disability?

Consider how you would introduce Jane Smith who doesn't have a disability. You would give her name, where she lives, what she does or what she is interested in - she likes swimming, or eating Mexican food, or watching Robert Redford movies. Why should you do it any differently for a person with disabilities?

In speaking or writing, remember that children or adults with disabilities are like everyone else - except they happen to have a disability. The following are tips for changing the way you think and refer to people who have disabilities:

- ✓ Speak of the person first, then the disability, do not use words that label or stereotype a person (e.g. say "she has cerebral palsy" do not use terms like C.P./spastic, "he is deaf and communicates in sign language" not "he is deaf and dumb"; "she uses a wheelchair" not "she is confined to a wheelchair"; "he has seizures" not "he has fits", "he has a learning disability" not "is learning disabled.")
- ✓ Emphasize abilities, not limitations.
- ✓ Don't give excessive praise or attention to a person with a disability; don't patronize him/her.
- ✓ Choice and independence are important; allow the person to do or speak for him/herself as much as possible.
- ✓ **And remember a disability** is a functional limitation that interferes with a person's ability to walk, hear, talk, and learn.
- ✓ **Handicap** is a word used to describe a situation or barrier imposed by society, the environment or oneself.

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*Adapted from the June 1989 PACER Center Early Childhood Connection and September 1989 PACER Center PACESETTER.

64

EXERCISE #1

PROTECTING THE HUMAN RIGHTS OF PEOPLE WITH DISABILITIES

DIRECTIONS: Write down your responses to the following statement. Record all your responses; then, organize them so that you can contribute to classroom discussion.

"What difference does it make if I try to honor Melvin's rights? He's in a wheelchair and he's pretty retarded. I don't think he would even know if he didn't have all his rights. My mother says that people like him ought to be put away someplace. She says it would be better for Melvin. If he were with other people like him, people wouldn't make fun of him and he wouldn't have to go around failing all the time. The very idea of putting him in a regular classroom or thinking he can work in a real job is crazy!"

PERSONAL GOALS*

DIRECTIONS: In the following activity answer yes or no to the following questions and be ready to discuss your responses.

1. Do you want a job that you can go to every day?
2. Do you want good health care for yourself?
3. Do you want security from poverty and loneliness?
4. Do you want recreational opportunities?
5. Do you want social opportunities?
6. Do you want to be part of the community?
7. Do you want to feel good about who you are and what you can accomplish in your life?
8. Do you want companionship and affection in your life?
9. Do you want to learn and grow?

DISCUSSION:

10. Do you think everyone including people with disabilities feels the same way?"

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*Reproduced with permission from "Creating Visions: Direct Care Service Provider Training" (1991). Idaho Center on Developmental Disabilities, University Affiliated Program, University of Idaho.

THE DEVELOPMENTAL ASSUMPTION AND PRINCIPLE OF NORMALIZATION

DIRECTIONS: The Developmental Assumption states that, "All people can learn and develop." This sounds like a pretty simple statement. Why do you think it makes such a difference to people with disabilities?

DIRECTIONS: "People learn best from their peers." Record your responses to this statement as you prepare for a class discussion on inclusion.

PROTECTING THE LEGAL RIGHTS OF CHILDREN AND YOUTH WITH DISABILITIES

DIRECTIONS: Read each of the situations described below. Working with a partner, decide if an individual's rights are being abused in each setting. If so, describe how the situation could be corrected. Some of the statements show specific acknowledgement of the rights of others. If this is the case, indicate what right is being honored.

1. Manuel needs help in unzipping his trousers when he has to urinate, so Ms. Madison accompanies him into the boys' bathroom to provide assistance.

2. Amanda, a job coach, was introducing two student workers to the phone company president as they met to announce a new initiative of the company to hire people with disabilities. She said, "Mr. Brown, I would like you to meet Miss Harris and Mr. Jones."

3. At a meeting with school officials, Mr. and Mrs. Henry were told that the school did not have an appropriate classroom for their daughter, Judy. Because of her "bizarre behavior," she would not be accepted in any of the school's programs.

4. Camie, a transition trainer, could hardly wait until the school day was over so that she could talk to her friend, Linda, and tell her about the latest mistakes that eighteen-year-old Jim had made at his place of employment. Neither Camie nor Linda could figure out why the owner of the business didn't just fire Jim!

5. Teacher Fanny Grey was talking to Queenie Tyler, mother of Edwin Tyler, a pre-school student with disabilities. She said, "Mrs. Tyler, we need to schedule an IEP meeting with you and your husband. I know it is difficult for you both to attend since Mr. Tyler works two jobs and you have your own job plus your work at home. I wonder if it would be possible for us to come to your house, perhaps on Saturday, so that we would have adequate time to meet?"

6. Dr. Spaulding said, "We are going to build a special classroom just for children using wheelchairs, because the stairs make it impossible for any of them to get into the general education classes."

7. Marzetta, a paraeducator working with the family of two-year-old Sue Lin, complained, "I don't even know why I go to their house. They can't speak English and I don't know their language."

CASE STUDY/EXERCISE #5

CARRIE SUE'S STORY

Carrie Sue Osborne is three years old. She is the daughter of Rodney and Tricia Osborne. She has three sisters, Ross, 9, Jean, 12, and Felice, 14. Carrie Sue was born with several impediments to "Well-Baby" status. She had hydrocephalus and has been shunted for that. In addition, she has been diagnosed as having spina bifida. Although her control of her lower body is not all that it might be, Carrie Sue is learning to walk with long leg braces. She sits comfortably in a wheelchair which has a safety belt. Carrie Sue also has on-going upper respiratory infections that sometimes seem to sap her energy.

Carrie Sue's family absolutely dote on her. Coming, as she did, six years after Ross, she was seen as "a small miracle." Her sisters vie for the opportunity to do things for her. Both Rodney and Tricia say that she is an "easy" child. In spite of the various physical disabilities, she has never been fretful or whiny. She greets each day with laughter and bubbles over when she is picked up and/or talked to. Her communication skills are great; she attempts to pronounce any new words she hears and makes very good use of those already in her vocabularly.

Carrie Sue has received services for three years from a teacher and parapractitioner in the public school system. They have concentrated on working in the home, finding ways to support and enhance the family's strengths. They have designed a number of community activities in which the family and Carrie Sue have taken part. They are now assisting the parents to enroll Carrie Sue in the Daybreak Integrated Preschool for five half-days per week.

On the next page are reasons why integrated settings are effective. Under each statement, list the ways in which you think Carrie Sue or her peers and her family and the community have profited.

There will be opportunities for Carrie Sue to learn from other children who do not have disabilities.

There will be opportunities for Carrie Sue to learn from an integrated environment.

There will be opportunities for other children who do not have disabilities to learn from Carrie Sue.

HUMAN DEVELOPMENT

OVERVIEW

How children, youth and adults develop and move from one stage of life to others has fascinated humankind since recorded time began. How do infants unable to communicate become teenagers who spend most of their waking hours on the phone with their friends? How do babies unable to crawl or walk become adults who jog and run marathons? Myths and folklore exist in all cultures to explain physical, cognitive, social and emotional development, and in most, rituals mark the rites of passage from childhood to adulthood.

Over the years, several theories about development have evolved. Jean Piaget focused on how children develop cognitively. Erik Erikson centered on the stages of social and emotional development in children and adults. Arnold Gesell looked at patterns and phases of physical development in children. Lawrence Kohlburg was concerned with stages of moral development and how children and youth move from one level to another.

The primary emphasis in this module is to provide paraeducators with an understanding of the flow and patterns of development in infants, toddlers, children, adolescents and adults. It is divided into two parts. The first part will provide paraeducators with an overview of human development and typical sequences of development in infants, children and youth. In the second part trainees will learn about risk factors that may cause or impede typical development.

UNIT I - PRINCIPLES OF HUMAN DEVELOPMENT

INSTRUCTIONAL OBJECTIVES

Paraeducators will be able to:

1) Explain why typical development in all children and youth follows predictable patterns.

2) Explain what is meant by typical development in terms of: a) cognitive growth, b) physical/sensory growth, c) social/emotional growth and d) language/communication development.

3) Describe characteristics of infants and young children at each year from birth to five.

4) Explain typical sequences of development in elementary school age children.

5) Discuss the major physical, intellectual, emotional, and social changes which occur during adolescence.

6) Demonstrate a familiarity with the changes and the challenges that occur in adulthood.

TIME REQUIRED

The time needed to teach the material contained in this entire module will range from a minimum of two hours to six hours depending on the number of training activities you include in the session.

MATERIALS AND EQUIPMENT REQUIRED

- A flipchart and easel or chalkboard
- The information handouts and exercises included after each unit.
- (Optional) A series of film strips "The Eight Stages of Life" or other video materials about human development that maybe available through a state or local Education Resource Center or your public library.

BEFORE THE TRAINING

- Review the Background Material and the content in the information handouts, and other resources available to you. Develop a series of brief lectures for the various topics you will cover in this training session(s). Stress the importance of gaining an understanding of the principles and patterns of typical human development before learning about the factors that cause or impede "normal" development.

- If you have time during the training session, invite several parents with newborn babies and children up to five years of age to bring them to the class for the trainees to observe.

- Make copies of the informational handouts, and exercises you plan to use during the session.

- Write the terms Cognitive Development, Physical Development, Social/Emotional Development, Language Development, on the flipchart/chalkboard to refer to during the session.

- If you are going to use "The Eight Stages of Life" or other video materials, preview them to determine how they may best be used as part of this class.

DURING THE TRAINING

¶ Begin the session by discussing the major principles of human development. Use Information Handouts 1 & 2 "Principles of Human Development" and "Terms Used in the Study of Human Development" as a guide for the discussion.

¶ Distribute Information Handouts 3 and 4: "Theories of Jean Piaget and Erik Erikson." Briefly review them to introduce different concepts of human development for the trainees to consider during the discussion that follows.

¶ If you have invited parents to attend the session provide an opportunity for the trainees to observe the children using Exercise 1, "Observation Form", to gather information about differences they saw in the children of different ages.

¶ Or, if there is not enough time during the training program, you may want to make a homework assignment asking participants to: observe two children of the same age, between the ages of birth and five years; record their observations on the Observation Form; and be prepared to discuss the results during the next class.

¶ Divide the participants into small groups. Ask the individual groups to brainstorm (based on their personal experiences) and list typical characteristics of children and youth of different ages. Group 1 should be asked to discuss babies between the ages of 10 days and six months. Assign the following age spans to the remaining groups in the following order: 1) One to two years; 2) Three to five years; 3) Six to ten years; 4) Eleven to twelve years; 5) Thirteen to eighteen years; and 6) Different phases of adulthood. Allow 15 to 20 minutes for the groups to complete their discussions. Ask for volunteers to read the lists and record the responses on the flipchart or chalkboard. (Participants enjoy this exercise because it enables them to demonstrate their knowlege of human development.)

¶ Refer to these lists throughout the discussions that follow of the various developmental stages. If necessary correct any misconceptions.

¶ Distribute Information Handouts 5 and 6: "Developmental Stages and Patterns of Behavior: The Age of Dependence - Birth to 24 Months" and ages 3 to 5. Discuss, the ways infants and young children develop skills in various areas and the critical roles families and other caregivers play in helping them grow and develop.

¶ Distribute Information Handouts 7 and 8: "Developmental Stages and Patterns of Development: Elementary Age and Pre-Adolescence," to serve as a guide for the discussion of elementary/pre-adolescent age children. Describe how 6 year olds differ from five year olds. What kind of learning experiences are important to children in these age groups? What is the role of members of the instructional team and other adults in the lives of children in this age range?

¶ Discuss the period of pre-adolescence. How do relationships with families, teachers, paraeducators and other adults change during this period? Who begins to influence their lives? Emphasize ways the instructional team can support children and prepare them for adolescence.

¶ Distribute Information Handout #9, "Developmental Stages and Patterns of Behavior - Adolescence." Begin with a discussion of the physical, social and emotional changes that occur as children begin to enter adolescence. Use a chalkboard or flipchart to outline various characteristics of youth as they enter and emerge from adolescence. Ask participants to discuss their experiences with adolescents or to report on their memories of this period. How did they or their children/friends establish personal identities? How do the changes in intellectual/cognitive abilities influence moral judgment, values, and attitudes about issues?

¶ Distribute Information Handout #10, "Developmental Stages and Patterns of Behavior - Adulthood and Aging." To introduce the discussion on Adulthood and Aging, ask participants to define "old age." At what age is a person old? Ask participants to respond to the question: What changes occur with aging? Record the responses on the chalkboard or flipchart. Review responses and ask the participants to sort them into categories that are positive changes and those that are challenging.

¶ Distribute Exercise #2 "The Owl of Minerva." Divide the participants into groups of 3 or 4. Be sure they understand the quote. Give the groups 10-15 minutes to discuss the questions. Then bring the class back together and discuss the conclusions of the individual groups.

BIBLIOGRAPHY AND RESOURCES

The material in this module provides an overview of typical child development and factors that may cause or delay development. The items in this section of the Bibliography include the references mentioned in the Information Handouts in Unit 1 and other resources trainers can draw on to prepare paraeducators to work with infants and young children, elementary school age children and adolescents.

Anastasiow, N.J. (1986). "Development and Disability." Baltimore: Paul H. Brookes, Publisher.

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Vincent L., Davis, J., Brown, P., Broome, K., Funkhouser, K., Miller, J., and Gruenewald (1986). "Parent Inventory of Child Development in Non-School Environments." Developed by the Madison (Wisconsin) Metropolitan School District, Early Childhood Program, and Department of Rehabilitation Psychology and Special Education, University of Wisconsin, Madison.

"A Training Program for Paraprofessionals Working in Special Education and Related Services" (1990). National Resource Center for Paraprofessionals in Education and Related Services: Center for Advanced Study in Education, City University of New York, New York, 10036.

"The Eight Stages of Human Life: 1) Prenatal to Late Childhood and 2) Adolescence to Old Age." Human Relations Media. Pleasantville, New York, 10570. (These video tape materials are available through many state or local Education Resource Centers.)

"The Kellogg Model Curriculum: Human Development (Trainee Manual)." (1985). Omaha: Meyer Rehabilitation Institute, University of Nebraska Medical Center.

UNIT 1 - PRINCIPLES OF TYPICAL HUMAN DEVELOPMENT

INTRODUCTION. In a training program for paraeducators working with children and youth with disabilities, trainees might wonder why they should learn about "normal" human development. Wouldn't it be enough just to learn about children and youth with disabilities and other special needs and the factors that cause them and their families to require individualized education programs and services. In fact, wouldn't it be more useful and wouldn't it save time?

The fact is that children and youth with disabilities have more in common with their chronological age peers without disabilities than they have differences. In most ways their behavior and patterns of development conform with the behavior and patterns of development of children and youth described as typical or "normal." They have the same physical needs, interests, joys, fears and sorrows. Frequently instructional interventions are the same for all children - disabled or not. And our expectations for children and youth with disabilities or who are at risk for other reasons should be the same as our expectations for all children: To grow and to develop to their maximum potential and to live and participate fully in the life of the community.

All infants, toddlers, young children, teenagers, and adults are individuals with traits and characteristics that make us unique. The question invariably arises, if children and youth are so distinct how can there be patterns of "normal" development? The answer is that although we do develop in our unique ways at our own pace we also pass through certain predictable stages. Indeed, all people grow and develop in patterns and stages that may vary in the length of time required to complete each sequence but the patterns are predictable from one person to another.

STAGES OF DEVELOPMENT. Observations of infants, young children and youth forcefully demonstrate that everyone passes through predictable stages of cognitive, physical/sensory, social/emotional and language development. Because development is regular, patterned and predictable it is referred to as "normal" or typical. When children deviate from these "norms" they may require special services and individualized education programs.

Development is a step by step process. For example, learning to walk may involve as many as fifteen steps, beginning with pulling to a standing position and ending with walking without holding on. Most children progress through each step rather than skipping from Step 1 to Step 10. Because of these sequential patterns, determining a child's or youth's level of development is important so the child or youth can be assisted to reach the next step.

The terms "stages of development" and "characteristics of certain ages" are general. But to say the "average" four year old does certain things does not mean that every four year old acts in that manner.

Individual development in physical, cognitive and social/ emotional areas does not necessarily proceed evenly. One child (or adult) may be at a different chronological age for each area. It is likely, however, that the child (or youth) who is accelerated in one area will be advanced in other areas as well. Also the child who is delayed in one area often is delayed in other areas as well. (An obvious exception is a person who has a physical disability who might, therefore, be delayed in acquiring physical skills but is not delayed in other areas.)

A second important concept is that development generally proceeds from the concrete and simple to the abstract and complex. For example in cognitive development children first become aware of people, objects, or events. From there they progress to logical thinking and are able to sort things into categories, classes, order. The next step in the sequence is problem solving and developing rules and guidelines for coping with the environment and society in general.

Finally, the acquisition of language is unique to humans. Language fills important functions for us: it provides us with a means to communicate and socialize; it enables us to transmit culture from generation to generation and it becomes a vehicle for thought. Babies, regardless of where they are born, are capable of producing every sound used in all languages used on the earth. Infants' babbling encourages older persons to talk to them, thereby teaching infants the sounds used in their home environment. By six months of age, the sounds children make will be only those they hear; and all other sounds are not made or practiced. In this way, all humans learn to speak the language and the dialect that is spoken where they are raised. It is also important to note that children will understand language before they speak it.

For additional information see the Information Handouts that follow.

BASIC PRINCIPLES OF HUMAN DEVELOPMENT*

- Development in all people is similar. While every person is unique, development occurs in sequences that are predictable. For example, all babies sit alone before they walk.

- Development is an orderly process with stages (patterns) that can be predicted. Knowing the predictable sequences of behavior helps in recognizing typical ("normal"), delayed or accelerated patterns of behavioral change and growth and enables parents and educators to develop individualized programs.

- Development proceeds from the general to the specific. For example infants move their entire arm in a random manner before they can control their hands and fingers to pick up a toy.

- Development proceeds from the upper portions of the body toward the lower portions - from head to toe. This "cephalocaudal" development means that children gain control of their head and neck movements before they are ready to sit alone.

- Development proceeds from the center of the body to the outer body parts. This "proximaldistal" development means that children can hold a ball before they can tie their shoes.

- Development proceeds at different rates. In a person's developmental sequence, there are periods of accelerated growth and gradual growth. From birth to age five, a child's development is characterized by rapid physical and cognitive growth; from 5 to 11, physical development slows down; during adolescence, there is rapid physical growth again.

- Development can proceed at different rates within an individual person. For example, a person may have delayed cognitive and language development and typical physical development.

- Physical, cognitive, social and emotional development are interrelated and affected by the interaction of heredity and environment. For example, a person with mental retardation may develop at different rates depending on whether or not s/he is reared in an institution or at home with access to early family intervention and education services.

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*The information in this Handout was adapted from the various sources identified in the bibliography and references cited in this unit.

TERMS USED IN THE STUDY OF HUMAN DEVELOPMENT*

COGNITIVE DEVELOPMENT. The process of acquiring knowledge and information as a person interacts with the environment and culture. Cognitive development depends on growth inside the person (such as the development of curiosity and the desire to learn) as well as the impact of the outside environment.

COMMUNICATION. Is the transmission of messages from one person to another. It may be accomplished in myriad ways including eye contact, posture, facial expressions, gestures, writing, and speech.

DEVELOPMENT. The growth of the person in predictable patterns.

DEVELOPMENTAL DELAY. A term used to describe an observed difference in a person's actual growth and behavior and the typical growth and behavior expected of people of the same age.

EMOTIONAL DEVELOPMENT. The process in which the person acquires feelings about him/herself and other people.

PHYSICAL GROWTH. A term used to refer to an increase in size, height, weight, knowledge, and skills.

HUMAN DEVELOPMENT. A term used to refer to the study of a series of patterned and predictable changes that occur as a person grows and learns how to interact with the environment.

LANGUAGE. Is the organized system of symbols people in various societies use to communicate with one another. These symbols may be spoken, written, or gestured.

LEARNING. The acquisition of knowledge and skills as children and youths interact with their environments, teachers and caregivers. Learning is both receptive and expressive. Receptive learning is under the control of the learners who "take in" or assimilate information about their environments and experiences. Expressive language is strongly tied to reinforcement provided by the learner's environment. For example, a person may know the concept - but not use the word unless his/her environment encourages the use.

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*The definitions in this list have been assembled from various sources that are identified in the Bibliography included in this module.

MATURATION. The growth of a person from within; the process of acquiring cognitive, social, emotional and language skills that increase with age.

NORMAL/TYPICAL. Averages or standards against which the behavior or development of a person is compared.

PHYSICAL/MOTOR DEVELOPMENT. The sequence or rate at which a person acquires motor skills and learns to control his or her body. It is characterized by changes seen in the external body and by unseen internal changes in the organs, muscles, blood, bones and nervous system.

SOCIAL DEVELOPMENT. The general process by which a person acquires the beliefs, skills, values, behavior patterns and other characteristics considered necessary for interacting with other humans in a particular society/culture.

SPEECH. Speech is the organized production of sounds to form words and word groups.

JEAN PIAGET'S THEORY OF DEVELOPMENT

Piaget's theory is mainly concerned with matters of intelligence, thinking, logic, language and competence or efficiency. His approach views people as naturally active, seeking, adapting beings who learn through continual actions, which they initiate within their environment. According to Piaget, children are born with a set of sensorimotor operations/movements to perform upon their environment in order to "know" it and themselves. As a result of these transactions and physiological maturation, the original sensorimotor operations are: 1) built into increasingly more complex patterns, 2) internalized so they can be carried out mentally, and 3) tied to language symbols. For Piaget, mature behavior is the ability to reason and think critically, in objective, abstract, and hypothetical terms. When youths or adults reach this level, Piaget regards them as being at the peak of a developmental pyramid. Piaget hypothesized that each person progresses through four distinct stages of intellectual development. They are:

I. SENSORIMOTOR. During the first two years of life, children receive information from their environment primarily through the senses and a multitude of physical motor explorations. The explorations provide information about ways to cope with different situations and the effect of behavior on the environment. For example, an infant learns if s/he cries when s/he's hungry, s/he will be fed; s/he learns if s/he smiles, s/he gets a response from another person. During this time the infant attains: a) **Object permanence:** Things continue to exist even when they are out of sight; b) **Invariance despite change:** The identities of objects and people remain the same even in different contexts or circumstances, and c) **Means-end:** Certain acts result in reliable effects on the environment.

II. PREOPERATIONAL. From three to seven years of age children begin to expand their ability think. This stage is divided into two sub-stages: a) **Preconceptual** - during the third and fourth years of life, children are constantly investigating their environment. Children in this period usually see themselves as the center of their environment. Children who have learned the label, "dog," may initially label all four-legged animals "dog"; they gradually learn other appropriate labels for the animals, e.g. cat, cow, etc; and b) **Intuitive** - During the ages four to seven, children begin to develop increased interest in their social world and demonstrate an ability to give reasons for their beliefs and actions. Their broader social interactions and their growing ability to use words effectively are important factors in contributing to their growth. For example, it is difficult for children under four years of age to take turns; they need to learn to experience "it's mine" before they can say "I want to share it with you." As children move into the intuitive period, they are able to share and take turns with others. They also learn to play cooperatively with other children; for example, two children, after listening to a story about firemen, may decide to build a fire station in the block corner. During this period of development Thought is dominated by what is seen. The child is not able to attend to more than one thing at a time where space, time, volume, shape, and weight are concerned. And language development is very rapid.

III. CONCRETE OPERATIONS. From the ages of seven to eleven, children become capable of mentally seeing an object or event in a total system of interrelated parts; they understand that a piece of clay contains about the same amount of clay regardless if it's a circle or a rectangle. They are also able to think about what happens to concrete objects without having to experiment with the object. For example, they recognize that water in a tall, thin glass can be the same amount of water in a short, fat glass, even though the containers have different shapes. During this stage of development logic and objectivity progressively characterize thought. The child can reason, but only when using concrete objects.

IV. FORMAL OPERATIONS. By the time children reach the age of twelve, their cognitive development is characterized by thinking and reasoning. They can think about issues and ideas, they can form opinions about abstract concepts like love, right and wrong; they can understand the term "a million dollars" which must be thought of in abstract terms. Mental development is usually complete by the end of this period, around fifteen years of age. During this stage of development young people are able to formulate and execute symbolic plans of action based on hypothetical events, and can consider simultaneously more than one variable in the solution of a problem. And they are able to imagine potential relations among objects or events.

INFORMATION HANDOUT #4
Page 1 of 3

ERIK ERIKSON'S THEORY OF SOCIAL/EMOTIONAL DEVELOPMENT

Erik Erikson developed a theory of social development of children and adults. It focuses on how people see themselves and on their interactions with others. Erikson believed that social/emotional growth parallels physical growth. He described social/ emotional development using a series of eight stages that extend from birth to death, with each stage building on the preceding one. The last three stages encompass the adult years.

STAGE	AGE LEVEL	CHARACTERISTICS
Trust vs Mistrust	**0-18 months**	The ability of the infant to develop sense of basic trust is the foundation of all personality development. Because physical needs of infants must be met, strong emotional bonds are formed with the major caregiver, usually the mother; as an infant's need for food, warmth and attention are met by a major caregiver, a sense of trusting people in his/her environment is developed that prepares her/him to accept new experiences.
Autonomy vs. Shame and Guilt	**18 mos. - 3 years**	As children test motor skills (walking, running,) they develop a growing sense of independence along with the ability to accept help and guidance from others. Attempts at independence may take the form of tantrums or stubbornness; for example, a two-year-old may shout, "No!" to the question, "Do you want to go outside?" when in reality s/he really does want to play outdoors. This stage is often illustrated by a child becoming toilet trained, thus developing a sense of autonomy.

STAGE	AGE LEVEL	CHARACTERISTICS
Initiative vs. Guilt	3-6 years	Children become aware of their environment. They learn to broaden skills through the increasing use of imagination and fantasy. They begin to satisfy their natural feeling of curiosity. For example, children are interested in talking with new people and visiting new places.
Industry vs. Inferiority	6-11 years	During this stage children begin to learn the values and skills of the environment. At school, they are expected to acquire the formal skills of reading, writing, math, and getting along with peers. They learn self-discipline to do homework. They learn to be industrious and ready to try out new skills.
Indentity vs. Role confusion	12 years - early adulthood	Children are concerned with how they appear in the eyes of peers as well as finding out "who I am." The person develops specific skills and talents well as meaningful goals and beliefs. As adolescents move toward finding their identity they may seem "rebellious" to the family. Actually, it is progress.
Intimacy vs. Isolation	Adulthood	Young adults begin to form meaningful relationships with other adults. Through pairings, the individuals learn the joys of shared intimacy and exploring life together.

STAGE	AGE LEVEL	CHARACTERISTICS
Generativity vs. Stagnation	**Adulthood**	The adult continues to grow and develop socially. S/he is an active member of society. More and more, couples are having children during these years rather than when they are younger.
Integrity vs. Despair	**Adulthood**	The mature adult has experienced the preceding stages. Some people look back on their lives with satisfaction. Others are discontent. The resolution of this stage has a great deal to do with the individual's satisfaction with life as a whole.

DEVELOPMENTAL STAGES AND PATTERNS OF BEHAVIOR
The Age of Dependence - Birth to 24 Months*

This is the time of greatest growth in children. They go from being dependent on parents for food, movement and stimulation to being able to control these things themselves. By the end of this age, they can walk and climb alone; tell caregivers what they want; feed themselves and entertain themselves for short periods of time. This is a time of self-centeredness and increasing independence. Children of this age are not selfish, rather they can only see the world from their own viewpoint. The world is what they can do to it. The world is action and making things happen. The skills developed during this time are the foundation for all later development. The skills learned can be divided into three broad categories; interactions, communication and self-help.

INTERACTIONS. Interactions include all the skills children need in order to know how to act with family, friends and other people. Included are skills related to how to use toys and other objects in the environment. If children learn these skills, they can play appropriately alone as well as with others. Children need to use them at home, in school and in a wide variety of other places, e.g., grandma's house, the playground, the grocery store and the baby-sitter's house. The skills that help determine how children are able to interact are fine motor, gross motor, communication, cognitive and social skills.

COMMUNICATIONS. Communication includes all the skills necessary for children to understand the language used by the people around them as well as the skills necessary for children to use language themselves. Included are skills which are needed for talking and also for signing or using a picture communication system. Other skills involved in the area of communication are cognitive, interaction and motor areas of development. Sometimes a child will talk more in some situations than others. For example, many children will use more language at home than they will when they first start in a classroom. Often children will "clam up" around strangers or when requested to show that they know a word or phrase. Because of the difficulty in getting children to use their language skills in new environments, input from parents, baby-sitters, grandparents, etc., as to what the child really can do is very important.

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*The material on this and the next two pages was adapted from "Parent Inventory of Child Development in Non School Environments" (1986), developed by the Madison Metropolitan School District Early Childhood Program and the Department of Rehabiltation School District, at the University of Wisconsin-Madison.

86

SELF-HELP. Self-help includes the skills necessary for children to feed, dress and bathe themselves. They are the skills that decrease a child's dependence on parents and caregivers and decrease the amount of time required for physical caregiving. Professionals sometimes refer to this as the burden of care because of how tiring performing these activities can be for parents. Skills from gross motor, fine motor and cognitive are all involved in performing self-help activities.

AGE OF EXPLORING - 24 TO 36 MONTHS

This age is one of many changes for a child. Children at the beginning (24 months) are very different when compared to the end of this age (36 months). It is a time for practicing skills that a child has learned earlier and to become more "grown-up." They are now learning when and where to use these skills. Children continue to need help from their family, neighbors and environment to learn how to use these new skills to interact and communicate in more complex ways. They may seem like babies at times and more like independent children at other times. For example, they may want help from others to wash their hands or play a game and twenty minutes later they want no help to do these same tasks. Sometimes this makes understanding what a child wants very difficult for caregivers. By the end of this age, however, the child has mastered many more skills and language, so that s/he becomes a talker and explainer as well as a doer. Children accomplish these skills through interaction, communication and self-help experiences.

INTERACTIONS. Interactions include skills needed for a child to know how to act with other children, family and other familiar and unfamiliar adults. Children also learn how to use objects, materials, and toys in their environment. This includes a child knowing what to do when s/he is alone, so that s/he can play by him/herself. Children learn how to begin interactions and how to respond to others once the interactions begin. There will be times when these interactions are quiet activities such as reading a book, playing with trucks and cars, or drawing a picture with crayons. There will be times when these interactions are very active, like running and screaming, climbing on the furniture and jumping off or riding a bike. Children will spend more time in active play at the beginning of this age (24 months) and more time in quiet play at the end of this age (36 months.)

COMMUNICATIONS. The skills in this area include those involved in talking, signing, using a picture communication system, and understanding what is meant when adults and peers talk with the child. The skills in these systems include the cognitive, interaction and motor areas of development. During the 2 to 3 year age range, children may not be learning a lot of new words, but they are putting together the words they know and making longer and more complicated sentences. They are longer and more complicated from the perspective of what they say, and children understand longer and more complicated sentences said to them. Children of this age are beginning to use their communication system to be as independent as their motor system allows them to be. For example, they will sometimes ask others to get objects for them or to perform specific actions, rather than do them for themselves. This does not always happen, as they sometimes ask for an object while they are getting it for themselves.

SELF-HELP. The skills in this area include feeding, dressing, bathrooming, and bathing. These routines include component skills of gross motor, fine motor, communication, cognition, and interaction. Two to three year old children are learning how to use these skills to finish each routine, but sometimes they want to play during these routines. They want to do them at their own pace and they want to make the choice of when and how to do each routine. Many times they use their skills during these routines to be independent from what others around them want them to do. They want to experiment and try combinations of new skills during these routines, such as drinking their juice by dipping from their glass with a spoon.

DEVELOPMENTAL STAGES AND PATTERNS OF BEHAVIOR*
Pre-School Children Ages 3-5

PHYSICAL DEVELOPMENT

During this period the rate of physical growth begins to slow down. Children begin to play with toys that can be manipulated; for example, they enjoy playing with clay, driving nails and pegs, building towers using small blocks. They can walk on a line and hop on one foot, ride and steer a tricycle.

SOCIAL, EMOTIONAL AND COGNITIVE DEVELOPMENT

In Piagetian terms children in this age range are "preoperational." They always seem to be on the go, exploring and learning about their world. At the same time they are seeking independence, they are also forming strong attachments with caregivers and require a great deal of attention and support from adults. Their attention spans are short and they can be easily diverted.

They learn by observing adults and their peers. While they are self centered, children between the ages of 3 and 5 also need companionship and to be able to play with children the same age. They begin to learn to take turns and share, and they move from parallel play to cooperative play. They are interested in talking to new people and visiting new places. And they begin to expand skills through the increasing use of imaginative play and the use of other methods for satisfying their curiosity.

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*Information in this handout has been extracted from several sources all identified in the Bibliography for this unit.

DEVELOPMENTAL STAGES AND PATTERNS OF BEHAVIOR*

Early Elementary Children Ages 5-8

PHYSICAL DEVELOPMENT

The rate of growth continues to be relatively slow, providing children with an opportunity to develop greater coordination in both gross and fine motor areas. They learn to skip, skate, ride two-wheel bikes, walk balance beams, grasp a pencil in an adult manner, move beyond cutting straight lines to cutting out simple shapes and the predominant hand is established.

SOCIAL, EMOTIONAL DEVELOPMENT

Children are learning to get along well with their peers, they are also sensitive to being left out, ridicule and criticism. Developing, following and playing by rules becomes very important. They begin to understand the values of their culture/ environment. And they like to try out the skills they are learning in many settings. Children in this age group identify strongly with their teachers and other adults: encouragement, recognition, praise and adult support are very important. They also need time to adjust to new experiences and situations.

COGNITIVE DEVELOPMENT

In school, children ages 5 to eight are learning basic academic skills - reading, writing and arithmetic. They are interested in learning how and why things move or work. Their attention spans remain short. And they need time to practice what they are learning.

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*Material in this handout has been extracted from several sources all identified in the Bibliography contained in this section.

INFORMATION HANDOUT #8

DEVELOPMENTAL STAGES AND PATTERNS OF BEHAVIOR*
Late Childhood/Pre-Adolescence - Ages 8-11

PHYSICAL DEVELOPMENT

This stage of development is sometimes referred to as Pubescence. It is an overlapping period because it includes the closing years of childhood and the beginning years of adolescence. Pubescence is climaxed by puberty when girls begin to menstruate and boys show the presence of live sperm in their urine. It is marked by slow and steady growth. Both girls and boys need opportunities to improve the coordination of their large and small muscles and they require plenty of sleep and well balanced meals.

SOCIAL, EMOTIONAL DEVELOPMENT

Children in this age range are enthusiastic about almost everything. They are imaginative and like to explore. Peer group approval becomes increasingly important. They are interested in organized games and competitive activities. They are frequently socially insecure, and they value secure, supportive relationships with adults.

COGNITIVE DEVELOPMENT

At this stage of their development children enjoy talking and expressing abstract ideas. They like to experiment and solve problems and are eager to acquire new skills. Language usage is influenced by their peers and oriented to shared interests among peers.

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*Information in this handout has been extracted from several sources all identified in the Bibliography for this unit.

DEVELOPMENTAL STAGES AND PATTERNS OF BEHAVIOR*
Adolescence

PHYSICAL DEVELOPMENT

"Adolescence" is derived from the Latin verb that means to grow into maturity. It is the period of change in a person's life that signifies transition from childhood to adulthood. It is characterized by rapid growth and marked changes in body proportions. Changes may begin and end any time between 6 and 19. Primary sex characteristics develop and in girls reproductive organs mature. Secondary sex characteristics including marked changes in the voice, development of underarm, facial and pubic hair begins in early adolescence; chest hair does not appear until late adolescence. Breast development begins in girls and menstruation occurs.

Rapid growth and bodily changes are likely to be accompanied by periods of fatigue; acne may develop, and both girls and boys may experience periodic headaches and backaches. In addition, girls may experience cramps, swelling of legs and ankles.

EMOTIONAL AND SOCIAL DEVELOPMENT

There is a definite relationship between physical development and the ways adolescents perceive themselves. It is not uncommon for many adolescents to experience feelings of self-consciousness, shyness and insecurity because of the sexual changes taking place. Adolescent emotions are often intense, uncontrolled and seemingly irrational. Throughout adolescence emotional maturity grows as individuals develop more self control over their emotional responses. During this period the peer group influences young people more than any other factor. They become less dependent on their family and try to achieve independence and autonomy. As the dependence on the home lessens security is found among friends who share the same values and attitudes.

COGNITIVE DEVELOPMENT

Cognitively, adolescents are able to shift from concrete to abstract thinking. They develop the ability to test tentative hypotheses against available evidence. Moral development matures during adolescence and young people begin to define their own moral principles rather than adapting those of their parents without question. Adolescents begin to develop specific skills and talents and start to set goals for themselves.

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*Information in this handout has been extracted from several sources all identified in the Bibliography for this unit.

DEVELOPMENTAL STAGES AND PATTERNS OF BEHAVIOR*
Adulthood and Aging

Physical and mental changes occur throughout a person's life. Following adolescence, a period of tremendous change, the adult years seem to be relatively calm. Aging is a slow process that is often difficult to recognize until certain milestones occur. There is wide variation in the attainment of these milestones. "Old age" has many definitions. Our mores reflect this, as evidenced by the "senior citizens' discounts" available at varying ages. However, retirement usually occurs between ages 62 and 65, the time when Social Security benefits are available.

ASPECTS OF AGING

Some may be considered positive and include:

- decreased family responsibilities
- more free time to pursue hobbies
- freedom from jobs that may have been anxiety producing

Some may be considered challenging and include:

- loss of loved ones or same-aged friends
- medical difficulties
- sensory loss

Each of us know people who are elderly. We also have a lot of ideas about what it means to be "old," many of which are negative. Aging does not have to be sad or bad. The perceptions of others often define it and older adults respond to these social cues. Not all things about the later years of life are disheartening. For many older Americans, it is the first time in their lives that the responsibilities placed upon them by society and family diminish, and they can look forward to enjoying life for themselves. This, of course, may not be true for everyone. There are people who retire "well," and those who don't make it after the first couple of months. A healthy, rewarding retirement is related to the individual's expectations and values as well as to the people and the environment surrounding the person.

This transition from a working, responsible individual to a person whose life is unstructured affects each person differently. If the person has hobbies, friends, plans, and considers him/herself financially stable, the transition may be smooth. In other cases, the transition may be more difficult.

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*Information in this handout has been extracted from several sources all identified in the Bibliography for this unit.

EXERCISE #1

OBSERVATION ACTIVITY

Identify 2 children who are the same age (between birth and 5 years of age) observe them prior to the next class. Write below your observations of their physical, social and language skills. Be prepared to share the results of your efforts with the class during the next session.

Person #1	Person #2
First Name__________________	First Name______________
Age________	Age_________
Physical Skills:	Physical Skills:
Social Skills:	Social Skills:
Language Skills:	Language Skills:

EXERCISE #2

THE OWL OF MINERVA

There is a famous quotation that says, "The Owl of Minerva flies only at dusk." In ancient times, Minerva was known as the goddess of wisdom and her owl was the symbol of wisdom.

What do you think the quotation means? Is it true? What does it say about younger people? About aging?

Discuss the quotation in your group. Use this page to record notes on your discussion.

UNIT II - FACTORS THAT MAY IMPEDE TYPICAL HUMAN DEVELOPMENT

INSTRUCTIONAL OBJECTIVES

The paraeducator will be able to:

1) Discuss various disabilities and their impact on education needs of children and youth.

2) Experience (through simulations) and discuss the effects of several categories of disabilities on the learner.

3) Practice and use basic signing skills.

4) Recognize and use adaptive equipment and devices.

5) Gain an understanding of how to cope with the death or serious illness of a child or youth.

TRAINING TIME

Two or more hours are required to teach this unit depending on the number of activities you select.

MATERIALS AND EQUIPMENT REQUIRED

- Copies of all handouts.
- A chalkboard or easel and flip chart.
- The various equipment, materials, and handouts required to carry out the simulations that are part of this unit.
- The definitions of disabilities used by your state education agency or school district.
- Examples of adaptive equipment available to assist children and youth to communicate and achieve independence.

BEFORE THE TRAINING SESSION

- Review the Background Materials and Information Handouts on disabilities and compare the information with the definitions used by your state/district. Prepare a series of lectures incorporating information from your district stressing the following: 1) the major causes of disabilities, 2) the major categories of disabilities, and 3) an introduction to the simulations.

- Make copies of the handouts, and obtain the other equipment you will need for the simulations - blindfolds, ear plugs, a cassette recorder, mirrors, canes, crutches and wheelchairs.

- (Optional) Invite a pediatrician, nurse or family counselor from a local hospital to help prepare participants to cope with the death or serious illness of a child or youth.

- Invite an Interpretor or person with expertise in signing to the class to teach the participants a few emergency or basic signs.

- Assemble examples of adaptive equipment and devices to demonstrate during the session.

- Ask an occupational or physical therapist to share information about adaptive equipment and devices available to help children and youth with disabilities become independent, to live and work in the community and to communicate.

DURING THE TRAINING SESSION

¶ Describe the purpose of the simulation activities. Encourage trainees to try as many simulations as they can in the allotted time. Ask them to keep track of their feelings and reactions during the simulations. Various activities are described below or you may use others that you are familiar with.

¶ Reconvene the group. Ask the participants to share the feelings they experienced and insights they gained during the simulation activities and to describe challenges they encountered during the simulations.

¶ Begin the discussion of genetic, environmental and other factors that may cause disabilities. Answer all questions and concerns.

¶ Talk with the class about various disabilities. Discuss problems/challenges for the child or youth and the family when typical development does not take place, or when a child has a terminal illness.

¶ Introduce the resource people you may have invited to the class.

¶ Allow plenty of time for participants to practice using adaptive equipment or signing and to discuss issues.

THE SIMULATIONS. Although we can never completely duplicate what it is like to have a disability, through simulations we can provide some understanding of what it might be like. The activities on the following pages are designed to allow the trainees to experience some of the difficulties created by various disabilities and to examine their reactions and emotions as a result of participating in these activities.

LEARNING DISABILITIES

Goal: To enable participants to develop an awareness of reading and visual motor disabilities.

Activity #1. Reading Exercise. Distribute Handout #1. When the group has completed this exercise, ask for a volunteer to read the translation. (The answer to this exercise is on Handout 1A.)

Activity #2. Tracing Exercise. Provide the participants with Handout #2 and stand-up cosmetic mirrors. Ask them to place the mirror on the line on the exercise, look into the mirror, and using their non-dominant hand draw a line inside the double lines.

Activity #3. Spelling Test. Ask the participants to use their non-dominant hand when they take the spelling test. Start to read the words that follow whenever you are ready, even though the participants are not settled down, and ready to begin. Read them rapidly repeating each word twice. Do not stop or slow down - even though you are asked to. Harassed, Begger, Embarrassed, Peddler or Pedler, Gauging, Symmetry, Vocabulary, Simulations, Development, Participate, and Dominant.

DEAFNESS AND HEARING LOSS

Goal: To acquaint participants with what it is like to have a hearing loss.
Materials: Cassette recorder and ear plugs.

Activity #4. Ask the participants to work in pairs and to carry on a conversation about any subject they choose. (One person should wear the ear plugs.)

Activity #5. Use the cassette recorder to record the following words: wish, three, pill, station, snow, watched, splinters, tick, mice and jump. The first time you record the words: 1) speak into a can or container and muffle your voice with a cloth around the container and 2) re-record the words on a lower volume, muffled through the cloth. The third time, repeat the words with normal volume and without any distortion. Have participants number a paper to 10 in three columns to be used during each segment of the test. The test can be administered to the entire class or individuals can take the test while others are taking part in the other activities.

BLINDNESS AND LOW VISION

Goal: To enable participants to develop an awareness of what it is like to have different degrees of low vision.
Materials: Blindfolds and/or sleep masks and old glasses smeared thickly with vaseline to simulate different vision impairments

Activity #6. 1) Place several easily identifiable objects into a bag, ask the participants to put on a blindfold and to identify them by touch; 2) have the participants try to read small print, and 3) navigate through the halls with a buddy.

PHYSICAL DISABILITIES

Goal: To help participants understand the difficulty of performing tasks without the use of their fingers and hands and to help them understand the impact of restricted mobility. Materials: Adhesive tape (and other items listed in Activity 7 below), wheelchairs and crutches.

Activity #7. Have participants tape both thumbs to the palm of their hands. Give them tasks to perform such as writing their names, picking up small objects (pennies or paper clips) buttoning a shirt or blouse, using forks, spoons and knives, drinking from a glass.

Activity #8. Have the participants practice using the wheelchair and/or crutches before leaving the room. Encourage them to move about the building, use a water fountain, a pay phone, the restroom, and if practical, to go out of the building to shops.

BIBLIOGRAPHY AND RESOURCES

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UNIT 2 - FACTORS THAT MAY IMPEDE HUMAN DEVELOPMENT

The previous unit in this module dealt with the stages of human growth that are typical for most people. This unit focuses on causes and categories of disabilities. Since no two states use the same definitions for various types and levels of disabilities, this background information is very general. It should be used to supplement the definitions and regulations connected with service delivery in your state and community, and to develop an outline for the training session.

CAUSES OF DISABILITIES. There are several factors that may lead to a child having developmental and other disabilities. They may be genetic or they may be environmental, and they may occur during the prenatal, natal or postnatal periods.

GENETIC FACTORS. Physical and other characteristics for all people are shaped by our genes. They determine whether we are tall or short, bald or have brown or red hair, the color or our eyes and more. Sometimes disabilities and other conditions are inherited as a result of the genes that exist in our parents. Many times a child's parents do not have the disability; they carry the genes from earlier generations. Genetic causes may cause mild or severe disabilities that may or may not be life threatening. Examples of genetically caused disorders are Down Syndrome, Hemophilia, P.K.U., Rhetts Syndrome, Sickle Cell Anemia and more.

ENVIRONMENTAL FACTORS. Sometimes circumstances in a child's environment may cause the child to have a disability. Toxins in the air, water pollution, lead poisoning are other factors that may have an impact on a child's environment and lead to a disability. For example, a child's family may have economical or other disadvantages that make it difficult to provide experiences that stimulate or encourage learning.

PRENATAL. This term means before birth. Many disabilities are the result of something happening to the fetus while it is still in the mother's womb. If the mother has poor nutrition, has hepatitis or measles, uses drugs, alcohol, or smokes, her child may be born with a disability. Other factors that have been linked to these conditions are: medicine taken during pregnancy and food additives.

NATAL. This term means at the time of birth. Some disabilities result from conditions present at the time of birth. Being born prematurely, having a loss of oxygen, long labor, excessive hemorrhaging or loss of blood for the mother, early separation of the placenta (the part of the tissue that is attached to the womb) and direct injury to the head if instruments are used are some events during the birth process that may cause disabilities.

POSTNATAL. This term means after birth. In some cases children or youth become disabled after birth. Injury to the central nervous system may happen in many ways including severe blows to the head as a result of an accident or child abuse, the inability to breathe, poisoning, tumors, and infectious diseases such as meningitis or encephalitis.

CATEGORIES OF DISABILITIES

MENTAL RETARDATION. Children or adolescents with mental retardation tend to learn more slowly than their peers in the areas of social interactions, cognitive growth and motor development. They may also have difficulties learning things other people take for granted, like knowing their age, their address, dressing themselves, and carrying out other activities of daily living.

Gold (1980)* developed a definition of mental retardation that avoided reliance on IQ. His approach was much more comprehensive and stressed the strengths rather than the weaknesses of individuals. He suggested that the level of mental retardation is defined by the amount of power necessary for the teacher to use to teach that person. In other words, Gold's definition indicates that the teacher is as important as the learner. If the teacher does not have the skills to assist a person in learning, then that individual is usually considered to be mentally retarded.

Gold's definition is important because all the tools and strategies for teaching people labeled as mentally retarded have not yet been developed. As new and improved techniques and adaptive devices are developed for teaching children or adolescents who have been perceived as difficult to teach, teaching may seem to be easier and produce unexpected results.

Twenty years ago for example, many persons with retardation were thought to be unteachable or capable of learning only minimal self-help skills. Today, the same persons are performing academic skills to a greater or lesser degree and are participating in community activities. This is due primarily to the fact that the teaching stragegies and tools available to professionals and paraeducators who work with people with mental retardation have become more sophisticated and effective.

Marc Gold, "Did I Say That: Articles and Commentary on the Try Another Way System". Champaign, IL: Research Press, 1980

PHYSICAL AND SENSORY DISABILITIES. A few of the more common physical and sensory disabilities include: 1) Cerebral palsy, a disability present at or before birth that impairs the motor system. The impact on a child's ability to be independent can be minimal or it may be so severe that the person may have little muscular control and may need assistance with eating and dressing and to use a wheelchair or other adaptive equipment. 2) Epilepsy, a condition where the person has involuntary lapses of consciousness which may last for a few seconds or may result in a major convulsion with motor movements. 3) Spinal cord injuries resulting in paralysis of one or more limbs and the trunk of the body. These injuries may occur at birth as in the case of spina bifida or as the results of an accident.

There are other disabilities that may tend to restrict physical activity such as skeletal deformities or amputations, rheumatoid arthritis, muscular dystrophy, and heart disease.

Some children and youth with physical and sensory/motor disabilities may also have mental retardation, learning disabilities, speech limitations or vision and hearing loss. Most do not. The biggest educational challenge for them, their parents and the education workforce is developing methods and adaptive equipment that will enable them to actively explore their environment and participate in activities in and out of school.

LEARNING DISABILITIES. Students with learning disabilities may have many labels: neurological impairment, minimal brain dysfunction, brain damage, dyslexia, attention deficit disorder. A person who has a learning disability may have: difficulty in visual perception but not be blind (may not see a circle as perfectly round), or is unable to see specific parts of a figure or word; difficulty in auditory perception (hearing things as others hear them) but not be deaf, difficulty in motor movements (walking, moving arms and fingers) but not be physically handicapped, and difficulty with cognitive learning (classifying things, ordering things and ideas) but not be retarded. Students with learning disabilities may have average or above average intelligence. They may display a wide range of behaviors that may include difficulty in monitoring and maintaining control of their behavior - hyperactivity, distractibility, impulsiveness, and perseveration.

SEVERE EMOTIONAL DISABILITIES. Children and youth with challenging behaviors demonstrate a wide range of ways of dealing with the world, including "withdrawing" from it and "acting out" upon it. Many develop methods for coping with everyday living that are self-defeating and non-productive. The primary difference between children and youth with severe emotional disturbance and their peers is in the degree to which they are able to monitor, control or change their patterns of behavior.

Students who are withdrawn may find security by building walls around themselves. They may have had experiences early in life that cause them to believe that it is not safe to express their real feelings to other people.

Children or adolescents who act out may appear to have more control over their behavior than they actually do. As a result, others interpret their actions as being deliberately vengeful, or deliberately provocative; that is doing something just to get even or setting up a situation that will lead to conflict. Most people look upon these behaviors as "disturbing." People who act out their emotions, unlike those who are withdrawn, defend themselves by acting out their feelings with impulsive, and often explosive immediate reactions. They may find it difficult to deal with frustration - or to postpone immediate gratification of needs - "I want it, and I want it now."

The term severe emotional disability is most often used to describe the behaviors of children and youth who have been diagnosed as having schizophrenia, autism, or other forms of emotional disabilities that interfere with their ability to learn, to interact and maintain friendships with their peers.

SPEECH AND LANGUAGE LIMITATIONS. People who are diagnosed as having speech or language limitations demonstrate a variety of symptoms which represent many causes that may be physiological or environmental. Speech and language skills are automatically acquired by most children. When the ability to communicate is impaired, there is a need to teach a child these skills. Language may be delayed. Other problems may stem from "mis-articulations," where sounds are substituted for others, left out or distorted, the child may stutter or lisp. Language disabilities may also include difficulty in communication because of a lack of vocabulary or improper grammatical structures.

BLINDNESS AND LOW VISION. Students who have a visual disability usually have some degree of useful sight. Only a small percentage are blind. Even many legally blind students (20/200 or worse) have useful vision. Most school districts categorize students who must read and write in braille as blind. While students who are partially sighted or have low vision are those with enough useful sight to enable them to read either standard or enlarged print. More severe degrees of visual disabilities may result in problems with physical mobility or motor development. Students with various degrees of visual disabilities are able to take care of themselves and live and work independently.

DEAFNESS AND HEARING LOSS. There are two dimensions to the sense of hearing. They are: the intensity or loudness of sound (decibels) and the clarity with which sound is received (frequencies). Students with hearing loss may have problems with the loudness of sound or the distortation/ clarity of sound or a combination of both.

Language development and communication are the biggest challenges confronting students with hearing impairments. Depending on the degree and type of hearing loss, there are a variety of techniques currently available to assist the students to develop skills in these sound amplication areas. They are: auditory training (listening skills), speech reading (lip reading), finger spelling and sign language, and written and visual presentations. Using a combination of all methods is referred to as "total communication."

MEDICAL AND HEALTH RELATED PROBLEMS. As early intervention/childhood programs and school districts implement programs for all children and youth with disabilities without regard to the nature or severity of the disabilities, they are increasingly providing services to children who are at-risk because they are medically fragile. Many of these students require specialized health care while they attend classes that are addressed more fully in the unit on Emergency, Safety, and Health Procedures.

The level of academic achievement and participation in school and community events can be affected because a student has limited strength, vitality, or alertness caused by a chronic or acute health problem (heart conditions, tuberculosis, rheumatic fever, nephritis, asthma, AIDS, hemophilia, sickle cell anemia, leukemia, diabetes, and arthritis).

Children with illnesses that are diagnosed as being terminal present special challenges for education personnel. The death of a child they have known and worked with is difficult under any circumstance. It is particularly difficult for teachers and paraeducators who must cope with their own feelings and help other students to under stand and accept the death of a classmate.

HANDOUT #1

This is a story to help you understand what it might be like to have a reading learning disability.

The Friembly Bog*

Once ubom a tmie there was a friembl dobl. His name was jake. Jake belombeb to Bavig and Bhte. Davib and Beth aar tins. They ar nime yeras dol.

On e tome Jak went down to the cellra. H was a ducket of soab. The tins wer doing to wash the car. He liked some soap buddles out fo the ducket. When he darked, dig dubbles ca me out of hi s muth!

Last sum mre Jak founb a frenb. His frien sqw a tac named Freb. They blayde all bay. They nar aroumb and aruombb tye yarb. Jake chased the tac ub te tre. Freb climbed up easily. Jake trieb t and trieb dut ehe slib back bown!

Source unknown.

ANSWER SHEET

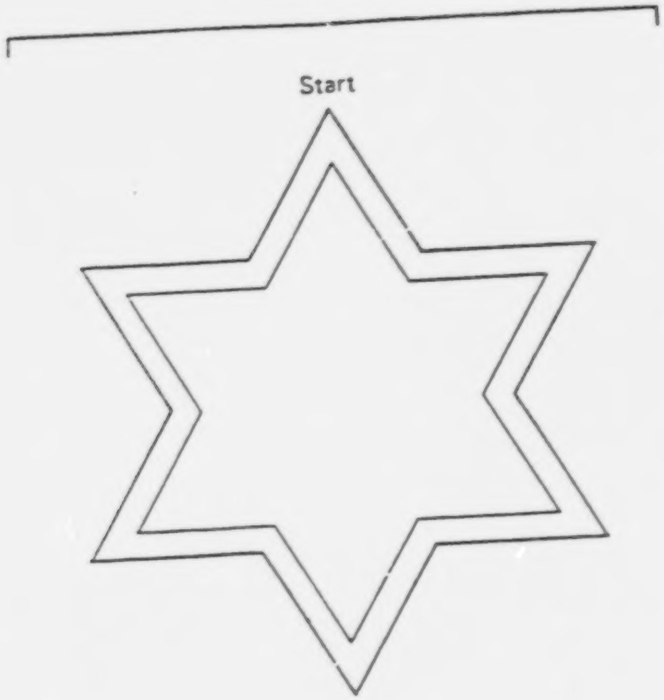
The Friendly Dog

Once upon a time there was a friendly dog. His name was Jake. Jake belonged to David and Beth. David and Beth are twins. They are nine years old.

One time Jake went down to the cellar. He saw a bucket of soap. The twins were going to wash the car. He licked some soap bubbles out of the bucket. When he barked, big bubbles came out of his mouth.

Last summer Jake found a friend. His friend was a cat named Fred. They played all day. They ran around the yard. Jake chased the cat up the tree. Fred climbed up easily. Jake tried and tried but he slid back down.

HANDOUT #2



**Source: Newstrom, J. W. and Scannel, E.E. (1980). "Games Trainers Play: Experiential Learning Exercises" New York. McGraw Hill.*

THE INSTRUCTIONAL PROCESS

OVERVIEW

The aim of instruction is to present learners at every age with information that will be useful to them in a setting which will enhance the instructional process and enable them to learn most easily. In early childhood programs learning occurs as children interact with adults and each other in brief, natural fun exchanges. Although such interaction with children may sound easy, application is often difficult.

This module describes components of the instructional process including assessment, gathering and maintaining accurate data about the performance of each child, setting goals and objectives, behavioral interventions, and task analysis. The last unit describes developmentally appropriate approaches education teams can use with children from birth to five who have disabilities in home and center based programs to facilitate inclusion.

INSTRUCTIONAL OBJECTIVES

The paraeducators will be able to:

1) Describe the importance and use of the Individual Educational Plan (IEP), and the Individual Family Service Plan (IFSP).

2) Describe the importance of on-going assessment of a child's progress toward educational goals.

3) Describe the importance of keeping accurate, relevant, on-going data on the progress of a child.

4) Describe the importance of developing appropriate goals and objectives for each child in the educational setting.

5) Describe the importance of using appropriate instructional interventions when working with children and their families in an instructional process. These will include:

   a) Characteristics and patterns of behavior common to all people;

   b) Techniques of appropriate reinforcement to encourage a child to learn and maintain behaviors;

   c) Techniques of modeling appropriate behavior;

   d) Techniques of shaping appropriate behavior;

e) Techniques of extinction for eliminating behavior that may be counterproductive to the educational goals and objectives; and

f) Techniques of task analysis to break down learning activities into sequenced, small steps so that the child can learn more easily.

6) Describe and use developmentally appropriate curriculum activities and interactive teaching methods that promote inclusion of young children with disabilities in center based early childhood programs. These include:

a) Developmentally appropriate practices;

b) Techniques for maintaining effective classroom environments;

c) Providing opportunities for structured and spontaneous play;

d) Strengthening communication and social skills;

e) Preparing materials for teaching functional language, cognitive, motor and self-help skills.

TIME REQUIRED TO PRESENT MATERIAL

Unit I - The Importance of the Individual Educational Plan (IEP) and Individual Family Services (IFSP) - 1 hour, 15 minutes

Unit II - The Importance of On-Going Assessment - 1 hour, 30 minutes

Unit III- The Importance of Observing and Keeping Good Data - 1 hour, 45 minutes

Unit IV - The Importance of Developing Appropriate Goals and Objectives - 2 hours, 45 minutes

Unit V - Part 1 - The Importance of Using Appropriate Instructional Interventions - 4 hours

Unit V - Part 2 - Facilitating Inclusion by Using Developmentally Appropriate Activities - 6 to 14 hours depending on the activities selected

RESOURCES AND REFERENCES

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Parten, M.B. "Social Participation Among Preschool Children," Journal of Abnormal Psychology, 27, 243-269, (1932).

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UNIT 1 - THE IFSP AND THE IEP PROCESS

EQUIPMENT AND MATERIAL REQUIRED:

- A flipchart and easel or chalkboard
- An overhead projector and screen
- Copies of the information handouts for trainees
- A transparency of the IFSP/IEP Components
- Copies of the procedures and instruments used in your district/agency for developing IFSPs/IEPs.

BEFORE THE TRAINING SESSION

- Review the Background Material and the material from the district/agency regarding the the IFSP/IEP process and develop a brief lecture about the IFSP/IEP procedures used in your district or agency.

- Make a transparency of the IFSP/IEP Components, or write them on the flipchart or chalkboard.

- Make copies for each trainee of, 1) The Background Information for this unit and 2) Your school district's IFSP/IEP forms.

DURING THE TRAINING SESSION

¶ Begin the session by discussing the individual educational and family service plans with the class. This discussion should be fairly short but it will profit from your personal experiences with IFSP/IEP planning and any anecdotal material that you feel is appropriate to share with the class. Encourage class discussion by asking: 1) Why is it important for parents or other primary caregivers to be included in planning meetings? 2) Who are the other people who should be involved?

¶ Distribute copies of your school district's/agency IFSP/IEP forms to each trainee. Use the transparency as a guide and go through the components with the class. Ask them to determine if each is included in the district form.

¶ Discuss your district's/agency's policy regarding the role of paraeducators in the IFSP/IEP process, including attendance at the meetings.

THE INDIVIDUAL FAMILY SERVICE PLAN (IFSP) AND THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

INTRODUCTION. Twenty years ago, Congress passed Public Law 94-142, a law which made sweeping changes in special education in the public schools. The law mandated that a free, appropriate public school education, in the least restrictive environment, should be made available to all students. Among other major challenges to the schools was the mandate that each student in special education should have an individual educational plan. The law requires that the plan be written and be developed in a meeting which includes the teaching personnel of the school and the parents. When appropriate, it should also include the student with disabilities. The law further protects the rights of parents to share in all the decisions made about their family member with disabilities and it mandates that there must be a due process procedure that will enable the student or the family to protest if either does not agree with the plan which is developed.

P.L. 99-457, passed in 1985, extended all of the rights guaranteed to school age children and youth with disabilities to young children ages three to five, including the right to an education in the least restrictive environment and an individualized education plan (IEP).

Another chapter in P.L. 99-457 encourages but does not require states to provide coordinated education, medical and other related services to children from birth to two years of age who have disabilities or who are at risk for other reasons; and to provide services to their families. The education, medical, and related services programs/ interventions for the children and their families are developed by an interdisciplinary team and contained in an Individual Family Service Plan (IFSP). In some states the school districts are the lead agency responsible for the early intervention programs. In other states it may be health department or other agency.

THE IFSP. The procedures for developing an IFSP are rooted in the concept that families have the right and ability to decide such issues as the services they want their children to have, the location of these services and the staff who will carry out the activities of the IFSP. The process assumes that district/agency staff will take on various roles that enable the family to participate actively both in planning and in implementing the objectives. The IFSP is reviewed at least annually by the team preparing it, and a report to the parents on the progress of the IFSP is to be prepared every six months. One individual is designated to serve as the case manager with responsibility for coordinating the services decided on by parents and other team members. (See Transparency #1 for components of an IFSP.)

THE IEP. The intent of the IEP is to ensure that each child with disabilities is able to take part in an educational program that will assist and support him/her as s/he learns to live, work, play, and make friends in the community. An essential part of this plan must be to assist the child to participate fully in community settings which the individual and/or their family select. Therefore, planned activities should take place in the same settings as are used by other children of the same chronological age. This means that educational activities should occur in the so-called "least restrictive environment," i.e., the regular classroom in which children of the same age are receiving instruction. At the same time, the child with disabilities may need special assistance and modified activities. Therefore, planned support for educational activities should be provided so that the child may have a successful experience in the integrated setting. (See Transparency #2 for the components of an IEP.)

IEP TEAM MEMBERS. Primary team members are the teaching personnel involved with the child and family members important in the life of the child. For example, in some families, important members may be the parents; in other families, brothers and/ or sisters, grandparents or other relatives or significant others in the person's life may be the person(s) who should attend the meeting. When appropriate, the individual with disabilities should also be a part of the meeting. In addition, other specialists who play a role in the student's life should attend. These may include physical, occupational, and speech therapists, recreational personnel, the school nurse, the individual's physician, makers or designers of assistive technologic devices and other people who assist or support the person. Family members and other personnel must work together to establish a time that is acceptable to meet and to determine a meeting place that will accommodate the size of the meeting and that will be easily accessible to all. In some cases, IEP meetings have been carried out by telephone conference call, although this solution should only be used as a last resort. If the primary language of the family is not English and they communicate most easily in a second language, the school district is required to have an interpreter present. This would include an interpreter for family members or school personnel who are deaf.

TRANSPARENCY #1

COMPONENTS OF AN IFSP

AN IFSP SHOULD CONTAIN THE FOLLOWING INFORMATION:

- ✓ GENERAL INFORMATION ABOUT THE CHILD INCLUDING NAME, ADDRESS, PARENTS OR PRIMARY CAREGIVERS, PRIMARY LANGUAGE
- ✓ A STATEMENT OF THE CHILD'S CURRENT LEVEL OF COGNITIVE, SPEECH/LANGUAGE, SOCIAL AND PHYSICAL DEVELOPMENT
- ✓ THE CHILD'S STRENGTHS (WHAT S/HE CAN DO)
- ✓ A STATEMENT OF THE FAMILY'S STRENGTHS
- ✓ A STATEMENT OF THE OUTCOMES TO BE ACHIEVED WITH THE FAMILY AND CHILD AND THE CRITERIA, PROCEDURES, AND TIMELINES FOR DETERMINING PROGRESS
- ✓ THE SPECIFIC EARLY INTERVENTION SUPPORT SERVICES REQUIRED TO MEET THE UNIQUE NEEDS OF THE CHILD AND FAMILY INCLUDING EDUCATION, HEALTH/MEDICAL AND OTHER HUMAN SERVICES
- ✓ THE PROJECTED DATES FOR STARTING, THE SERVICES AND EXPECTED DURATION
- ✓ THE NAME OF THE CASE MANAGER WITH RESPONSIBILITY FOR THE IMPLEMENTATION OF THE PLAN
- ✓ PROCEDURES FOR TRANSITION FROM HOME-BASED OR OTHER EARLY INTERVENTION PROGRAMS TO A PRE-SCHOOL PROGRAM

TRANSPARENCY #2

COMPONENTS OF AN IEP

- ✓ PERTINENT PERSONAL INFORMATION ABOUT THE STUDENT INCLUDING, NAME, ADDRESS, NAMES OF PARENTS OR LEGAL GUARDIANS, BIRTHDATE, AND PRIMARY LANGUAGE.

- ✓ STANDARDIZED TEST RESULTS AND DATE(S) OF TESTING.

- ✓ A CONCISE, BEHAVIORALLY DESCRIBED STATEMENT OF THE PRESENT LEVEL OF THE STUDENT'S EDUCATIONAL STATUS.

- ✓ A LIST OF THE STUDENT'S STRENGTHS.

- ✓ LONG-TERM AND ANNUAL GOALS INCLUDING PROJECTED DATES OF ACHIEVEMENT.

- ✓ THE SHORT-TERM OBJECTIVES FOR EACH LONG-TERM GOAL AND PROJECTED ACHIEVEMENT DATE.

- ✓ SPECIAL INSTRUCTIONAL RESOURCES AND MATERIALS WHICH ARE REQUIRED TO ACHIEVE EACH GOAL AND OBJECTIVE.

- ✓ ADAPTIVE AND OTHER ASSISTIVE EQUIPMENT REQUIRED TO ACHIEVE THE GOALS.

- ✓ SUPPORT SERVICES AND SPECIALIZED ASSISTANCE THAT WILL ENABLE THE INDIVIDUAL TO ACHIEVE GOALS AND OBJECTIVES.

- ✓ A LIST OF ANY SUPPORT THAT IS NECESSARY TO ENSURE THAT ALL OF THE INDIVIDUAL'S SCHOOL PROGRAM WILL TAKE PLACE IN FULLY INTEGRATED SETTINGS.

- ✓ HOW, WHEN AND BY WHOM THE INDIVIDUAL PLAN WILL BE EVALUATED.

- ✓ EVIDENCE OF PARENTAL PARTICIPATION AND APPROVAL OF THE IEP.

UNIT 2 - ON-GOING ASSESSMENT

EQUIPMENT AND MATERIAL REQUIRED

- Flipchart and easel, or chalkboard
- Copies of the Background Materials, Handouts and the Exercise

BEFORE THE TRAINING SESSION

- Review material and resources that you may have available on assessment. Prepare two brief lectures. The first should address different formal and informal assessment techniques used in the district or agency. It should also stress the important contributions paraeducators make in functional assessment. The second should describe the need to identify how best individual children learn.

- Reproduce the copies of the Background Material and the Exercise for every trainee.

DURING THE TRAINING SESSION

¶ Open the session by giving the brief lecture on formal and informal assessment techniques. The discussion should be fairly short but it will profit from your personal experiences with assessment and anecdotal material that is relevant. Encourage class discussion by asking trainees to give ways in which standardized test results can be helpful. Be sure to describe ways standardized tests can be unfair to children. As they respond, list their answers on a chalkboard or flipchart. After the list has been compiled, comment on the responses. Then, ask participants to list ways in which behavioral checklists can be helpful. Again, respond to the list, commenting if you feel some of the responses are not valid.

¶ Review functional assessment and describe the ways paraeducators assist in the process. Ask the participants for specific ways they assist the teacher in this process.

¶ Distribute Exercise #1. " What is your Learning Style?" Ask the participants to complete it. Then lead a discussion of: what their answers mean to them about how they prefer to learn; and why it is important to identify the learning style(s) of children and youth in order to design effective individualized instructional interventions. The items in Column I are indicative of a visual learning style/preference; Column II identifies an oral learning style/preference; and Column III identifies a preference for learning by doing (known as a Kinesthetic style.)

ON-GOING ASSESSMENT

INTRODUCTION. Assessment is the process of collecting and interpreting information relating to a child with disabilities for the purpose of determining the person's present skills to form a base on which new learning experiences can be planned. Usually, before a child is assigned to a particular program or classroom, a thorough assessment has been carried out. This will have included a comprehensive look at the child's physical, cognitive, social, emotional and language development and a determination of his/her strengths in each area. Traditionally, teachers and other professional staff have been responsible for conducting some of the assessment activities. Often, paraeducators are asked to help identify the individual's functional capabilities in each area, by observing and recording information.

When it is done well, assessment is carried out in relationship to the goals of a particular student. For example, if the goal is for the child to communicate basic needs to an adult, the assessment would include examples of words and gestures that have successfully indicated a particular desire of the individual. In other words, you are looking for the strengths of the child in that area. Once we know that an individual does have a particular skill mastered, we can determine whether the skill is used successfully, at school, at home or work. In other words, does the child transfer it to other settings. If an assessment is not carried out, the planning team does not have any idea of where to start when they are considering the person's upcoming school year.

METHODS OF ASSESSMENT. Assessment can be done in a variety of ways. There are two that rely on special assessment instruments, standardized testing and the use of behavioral checklists. Each of these is discussed below. In addition, however, observations of the ways in which children functionally use specific skills to manage their environment are an important part of the assessment process.

STANDARDIZED TESTING. Standardized tests are, 1) always given in the same way, using the same instructions, and the same material, 2) scored using the same method every time, one which is based on the scoring of tests administered to a broad range of people, and for which an "average" score or a "norm" has been established.

Standardized tests compare how well an individual child performs a given task in comparison to the way in which many other children of the same age have performed the same task. In order for standardized tests to be useful and fair, the group of people to whom the individual is being compared must reflect the cultural and ethnic background of the child or youth being evaluated.

The most common standardized test given is the I.Q. test. Its major advantage is that it gives the examiner (who must be licensed) an opportunity to observe the child for an hour or more in a relatively standardized setting. Experienced examiners are able to provide important input to the planning team because they are trained and able to relate the individual performance to those of many other people. The write-up from a standardized test will usually spell out the strengths of the student in cognitive, social, emotional, motor and language areas and will reveal reveal the areas in which the person needs more assistance.

Standardized tests have long been the subjects of intense discussion among educators and other professionals in the field. They can be useful when administered by an experienced examiner in assisting in the determination of appropriate educational and other goals. At other times, they may not reflect accurately the individual skills of the child being evaluated because the standardization group did not reflect the child's cultural heritage or environmental background and the items are, therefore, inappropriate. A classic example of this flaw is an old item in a well-known standardized test. It showed a picture of a teenaged boy delivering a piece of paper to a man standing in the door of a house. The question was, "What is this boy doing?" The intended, "correct" answer was, "Delivering a telegram." When this item was administered to children who lived in rural areas or to people who lived in poor urban areas, they usually did not have any idea of the correct answer. The item was taken out of the test because it was inappropriate for so many children, but not before it had been used for some time.

BEHAVIORAL CHECKLISTS. Behavioral checklists categorize and list specific behaviors, usually in specific developmental areas such as fine motor, cognitive, language, gross motor, etc. Usually, specific behaviors are listed in the sequence in which they occur in a "typical" developmental pattern. The person using the checklist simply checks off whether or not the child or youth is able to perform that specific of behavior. The checklists can be helpful in formally evaluating specific skills in the classroom or other areas. They can also be used informally to indicate strengths and possible areas where assistance is needed.

FUNCTIONAL ASSESSMENT. While both standardized tests and behavioral checklists probably will remain as an integral part of the assessment data that is gathered for each child or youth with disabilities, the most important assessments are usually done informally and relate to the functional skills of the individual. Most of us would have a difficult time if it were necessary for us to meet the criterion of a specific test battery in order to get on with our lives. For example, what if scuba diving, glider flying, bowling with an average score of 200 and mountain climbing were set as the criteria for any of us to go to our next life goal? This is a silly question, of course, but it has some relevance when one thinks of all the assessments that may be carried out on children and youth with disabilities.

Assessment should be carried out that is directly useful in planning for the student. That means it should relate directly to the life and educational goals of that individual person. When we know what an individual wants to do, then it is possible to look at the steps leading up to that goal, and to determine whether or not each has been accomplished. One other form of informal assessment is useful to the educational team. People learn in all different kinds of ways. Some learn most easily when they read words, Others learn better when they are given information verbally. Still others learn best when they can do the task. Information that is gathered on the learning style of the students for whom you are planning will be very useful in all educational planning.

EXERCISE #1

WHAT IS YOUR LEARNING STYLE*

I.

___ I like to keep written records
___ I make lists of things to do
___ I typically read billboards while driving
___ I follow written recipes
___ I review for a test by writing a summary
___ I can put a bicycle together using only the written directions provided
___ I commit a Zip Code to memory by writing it
___ I use visual images to remember names
___ I am a "bookworm"
___ I write a note to compliment a friend
___ I keep up on the news through the paper
___ I prefer written directions
___ I prefer to get a map and find my own way in a strange city
___ I prefer reading-writing games like "Scrabble"
___ I do crossword puzzles and play "Wheel of Fortune"

II.

___ I prefer to hear instructions
___ I review for a test by reading notes aloud or by talking with others
___ I talk aloud when working a math problem
___ I prefer listening to a cassette over reading the same material
___ I commit a Zip Code to memory by saying it
___ I call on the telephone to compliment a friend instead of writing a note
___ I plan the upcoming week by talking it through with someone
___ I like to stop at a service station for oral directions in a strange city
___ I prefer talking-listening games
___ I keep up on news through the radio
___ I use "free" time for talking with others

III.

___ I like to build things
___ I like to take things apart and put them back together to see what makes them work
___ I can distinguish items by touch when blindfolded
___ I learned the touch system rapidly in typing
___ Gestures are a very important part of my communication style
___ I move with music
___ I doodle and draw whenever paper is available
___ I am an "out-of-doors" person
___ I like to express myself through dancing
___ I spend a large amount of time on crafts/handwork
___ I like to feel the texture of furniture/clothes
___ I prefer active sports to games where one sits
___ I like to use my "free" time for physical activities

*Adapted from "Checklist for Discovering Learning Channels" by Dr. Paul Welter, Original Source unknown.

UNIT 3 - OBSERVING AND KEEPING GOOD DATA

EQUIPMENT AND MATERIAL REQUIRED

- A flipchart and easel, or chalkboard
- Copies of the Background Materials/Information Handouts and the Exercises

BEFORE THE TRAINING SESSION

- Review the Background Material and other resources that you may have on observation and data collection. Prepare a brief lecture stressing the role of paraeducators in observing and maintaining effective data.

- Reproduce the Background/Information Handouts and the four Exercises for the trainees.

- Write examples of several words or phrases on the Chart or Chalkboard that demonstrate whether a behavior is observable or measurable. You might include: cooperates, pleasure, cry, smile, frustration, holds a crayon/pencil, likes to sing, plays well with others, anger, happy.

- Obtain copies of the forms used in your district or agency for recording and reporting child behavior.

DURING THE TRAINING SESSION

¶ Begin the class session by distributing the Background Information.

¶ Discuss the information with the class. Invite them to follow along and take notes on the handout if they choose. This is difficult material to teach because it often challenges the way the participants speak and describe events. Instead of lecturing, keep the discussion open and allow for questions and comments along the way. The class will profit enormously from your written examples of good and bad reporting and recordkeeping.

¶ Review the words or phrases you have listed on the flipchart or chalkboard and ask participants to determine whether they describe a behavior that can be seen, heard, counted, or timed.

¶ Distribute Exercise #1. Ask trainees to work in pairs and to label the examples, "Yes" or "No." They will only require five to ten minutes to complete the activity. When they are finished, go over the examples, one by one, allowing for discussion on each if it is required.

¶ Distribute Exercise #2. Again, ask the trainees to work in pairs (preferably different pairs this time) ask them: 1) to circle the observable, measurable words; 2) to underline the descriptors that are not observable or measurable, and 3) to rewrite one of the anecdotes so that it reflects good observations and recording practices.

¶ When the class is finished (15 to 25 minutes), ask for volunteers to go through each anecdote and point out the examples of good observation and the poor observation. Then, ask for volunteers to read their rewritten anecdotes. Allow plenty of time for discussion as it is likely that some of the rewritten material will need to be rewritten again.

¶ Review the forms used by your district or agency to gather and record information about the performance and behaviors of young children. Ask the participants to observe a child they work with using the forms and to bring them to the next class. Collect and review them and make suggestions for how the person could improve his/her efforts.

OBSERVING AND KEEPING GOOD DATA

Acquiring and using objective skills of observation and keeping data are important to all education parapractitioners, no matter whether they work as home visitors, instructional paraeducators, transition trainers or job coaches. Much of the information required to let the team know whether or not children and youth are gaining new skills is acquired by careful observation and good recordkeeping. In addition, observation will keep the team posted on whether or not the individuals are learning and using the functional skills necessary to let them achieve the objectives and long-term goals that are outlined in the IEP or IFSP.

Written information as to what has been observed is called "data." It serves as a record of what is seen or heard, and, when done well, is an objective account of the individual's activities and skills. It is important to keep written data on all observation activities. If this is not done, there is a risk of reporting inaccurately what has happened.

Carrying out observations and keeping data must be done from an objective point of view. Sometimes, members of the team may allow their biases or prejudices to get in the way. It is very important to guard against these inclinations and to put down precisely what is seen and to avoid anything that is stigmatized by personnel perceptions of an individual or a specific behavior.

OBSERVATION IS:* Systematically watching what a person does and says and recording the behaviors in order to make instructional decisions. Observation should, a) be done for a specific reason; b) provide samples of a child's behavior over a period of time, in a variety of settings; and, c) be objective.

OBJECTIVE OBSERVATION MEANS:

- watching events without being affected by personal biases/prejudices,
- watching what is happening without guessing at the reasons that cause the action,

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* "A Training Program for Paraprofessionals Working in Special Education and Related Services." (1990). CASE: National Resource Center for Paraprofessionals in Education and Related Services, City University of New York.

- watching the activity without judging whether it is good or bad and
- producing an objective record which states exactly what an observer sees and hears.

Through observation we can learn what the child do, what s/he likes or dislikes, how s/he behaves under various circumstances and how s/he interacts with people around him/her.

OBSERVING OBJECTIVELY: There are two points to remember when making observations:

- You must be able to see or hear the behavior, and
- You must be able to count the behavior.

For example, an observation that says, "Frank hit John on the arm twice within five minutes," fulfills both points above. You saw Frank hit John, and you counted the hits as they happened. An observation that says, "Annie was being her usual schizrophrenic self this morning," fails both points. "Her usual schizophrenic self" really tells us nothing about Annie. It is, instead, a judgment call made in the eye of the observer and gives no information at all. It doesn't tell us what the observer saw and, since we don't have that information, there is nothing to count and therefore, nothing for teachers or teams to build on when planning personalized instructional interventions.

KEEPING DATA. There are several ways to keep data. These include: using a checklist, making anecdotal records, interviewing a child, parent, or other caregiver, watching a specific child and making notes, keeping frequency and duration records.

> **Checklists** - These may be in the form of standardized checklists which include specific skills and behaviors based on developmental levels, or a list of behaviors compiled by a teacher. When paraeducators work with a checklist, they simply watch the child and record whether or not s/he is doing the behavior described.
>
> **Anecdotal Records** - These usually consist of a sentence or two written in a notebook that describe what the child is doing at a specific moment. When making an anecdotal record, only behaviors that can be seen or heard and behaviors that can be counted should be recorded.

Interviewing - This is a specific kind of recordkeeping, one in which the team is trying to determine what the child likes or dislikes, what his/her interests are, or other feelings or beliefs that cannot be observed. When interviewing, it is extremely important to record precisely what the child says. There is no room for editorializing in this kind of record.

Other Data Collection - Paraeducators may be asked by their supervisors to keep a record of specific behaviors or demonstrations of skills for a certain child. It is important for paraeducator to understands exactly what information the teacher/supervisor wants to know, why it is needed, and how it will be used.

Frequency or Duration Notes - Sometimes, the information that is to be collected refers to how often or for how long a behavior is occurring. For example, the team may want to know how many times a child talked to or communicated with his/her playmates. For this kind of recordkeeping, paraeducators will count the frequency of the behavior occurring to observe how long some behaviors last. For example, a home visitor or instructional paraeducator might watch to see how long a child plays alone or with other children. In this case the duration is being timed.

THE IMPORTANCE OF OBSERVATION. Being a good observer is a critical skill when working with children in any kind of an educational setting. Learning to divorce personal perceptions or biases from what is seen and recording exactly what is happening takes time. When it is learned, it enables paraeducators to contribute effectively to all the discussion about the instructional program and progress for any specific child or youth.

EXERCISE #1

DIRECTIONS: Read the list of words below. If a word or phrase describes something you can see, hear, or count, write "yes" in front of it. If it does not describe a behavior that is observable or measurable, write "no" in front of it.

_____ 1. Cry

_____ 2. Is anxious

_____ 3. Hit

_____ 4. Push

_____ 5. Is lazy

_____ 6. Loves ice cream

_____ 7. Plays alone

_____ 8. Colors inside lines

_____ 9. Stacks blocks

_____10. Takes two steps

_____11. Is Ida's best friend

_____12. Is a loner

_____13. Shares

_____14. Understands commands

_____15. Rides the tricycle

_____16. Loves elephants

_____17. Hits Art twice

_____18. Kicks grandma

_____19. Is naughty

_____20. Is nice

_____21. Had a good day

_____22. Points to a preferred snack

EXERCISE #2

DIRECTIONS: There are two anecdotes printed below. Read each carefully and circle the words used which describe a behavior that you can see, hear, or count. Underline the words which describe behaviors that are not observable or measurable.

Anecdote #1

Sally was having a terrible day. She started off in the morning by spitting on Ms. Pickett, the parapractitioner who met her at the bus. Then she bopped Louie twice with a baseball bat and kicked Thelma in the shins. She wet her pants on the floor and was so embarrassed that she had a tantrum. She was so naughty that none of her friends liked her. Her aggressive behavior was annoying everyone. After her nap in the afternoon, however, she jumped off the cot, kissed Ms. Pickett three times and talked to Louie, Patricia and Jeff. When it was time to go home, she waved good-bye to everybody.

Anecdote #2

I sure learned today why Jake is labeled "autistic." About ten o'clock this morning, he began headbanging on the floor. He banged twenty-four times before he stopped. Then, he put his hands in front of his eyes and wiggled his fingers for ten minutes in a row. He did that again at 11:30. His dual diagnoses showed up again in the afternoon when he seemed to retreat into a dream world. He smiled and twirled around the floor, obviously enjoying the fantasies in his mind. His usual paranoia seemed less, and he talked to Mr. Leonard for two minutes. After that, he would not work and just lazed about for the rest of the day.

Like many anecdotal records, the two above are an amalgamation of good observation and extremely poor observation. Choose one of the two, and rewrite it so that it is a good example of your observational skills.

DIRECTIONS: Take this paper home with you and be prepared to turn it in at the next class session. Your assignment is to:

- Select one person to observe. This may be someone in your home, an individual at work, or a child or youth in an educational program.
- At three different times, observe this person for ten minutes. Make an honest effort to record all the activities this individual carries out in the ten-minute period. (It's not fair to observe someone who is asleep.) Try to time your ten-minute observations when the person is busy and occupied.
- Record your observations on the next page. Be sure to include the day and the time of day when they were carried out. It is best to let the individual you are observing know that you will be doing this assignment.
- Turn in your observations next class session.

WORKSHEET

OBSERVATION RECORD

First Name of Person Being Observed: ______________________________

Age: ____

Setting (school, home, playground, job, etc.) ____________________

____

Observer: ____

Date: __________________ Time: From __________ To __________

Use the following space to write a description of the person's actions and activities:

UNIT 4 - DEVELOPING APPROPRIATE GOALS AND OBJECTIVES

EQUIPMENT AND MATERIAL REQUIRED

- Flipchart and easel
- Overhead projector and screen
- Transparencies
- Copies of the Background/Information Handouts and Exercises.

BEFORE THE TRAINING SESSION

- Review the Background material and other resources you may have on the importance of writing good goals and objectives. Prepare a brief lecture that stresses the importance of long range goals and specific instructional objectives. As you prepare for the class session(s) in which you will cover this material, it is a good idea to think through some of your own efforts as you acquired these skills. This material is a critical component of the training and it will take some time to present. Your personal anecdotes will enliven and enhance the discussion.

- Reproduce copies of the Background Information and the Exercises for all trainees.

- Make the transparencies or if you prefer, write the information on the flipchart or chalkboard.

DURING THE TRAINING SESSION

¶ It may be useful to start the session by reminding the trainees of the discussions they have had on the rights of children with disabilities. It is important to emphasize throughout that the development of appropriate goals is critical to the education plan and that the involvement of children in integrated classes and the community may well depend on the goals being spelled out as community goals. Emphasize that all people need options and the opportunity to make choices. It is up to the team and the family to ensure that options are available and that every effort is undertaken to ensure that the child learns to make choices based on personal preferences. (Use Transparency #1 to guide the discussion.)

¶ Distribute Exercise 1, and ask the group to work in pairs to develop the annual goals (and the five-year goals) requested. Allow about fifteen minutes for the activity. Then, ask one person in each pair to present the goals developed. Allow plenty of time for discussion.

¶ Use Transparency #2 to guide the discussion of the writing of goals and objectives. Spend as much time as you think necessary in ensuring that the trainees are with you every step of the way.

¶ Distribute Exercise #2 to the trainees and ask them to complete it. Allow appropimately ten minutes for the activity. Then, going around the room, ask each trainee to take one phrase and defend his/her decision as to whether it is a measurable, obserable behavior.

¶ Begin the discussion on the criterion. This is always difficult at the beginning so be prepared with as many examples as you can. Be leisurely in your approach. This is not the topic to teach when you have little time.

¶ Distribute Exercise #3. Ask the trainees to follow directions and identify CR-1 and CR-2 in each of the sentences. Allow approximately fifteen minutes for the completion of the task. Again, go around the room with each trainee supplying his/her response. Be prepared to answer and discuss each of the sentences.

¶ Begin the discussion on the conditions. This will usually be easier than the criterion discussion, but it is well to be prepared for questions and comments.

¶ Distribute Exercise #4 and ask the trainees to identify the condition in each sentence. This activity should take only about five minutes. As they conclude their writing, ask for volunteers to contribute their responses.

¶ Distribute Exercise #5 which is a review list of the components of an instructional objective. Ask the trainees to work alone on this one and to be prepared to discuss their answers with the rest of the class.

¶ Lastly, distribute Exercise #6, the last review of writing instructional objectives. Ask the students to complete it in class and tell them you will pick these papers up as well and will go over them after class.

DEVELOPING APPROPRIATE GOALS AND OBJECTIVES

ESTABLISHING APPROPRIATE GOALS AND OBJECTIVES. All of us have long-term goals for which we strive and, with them, a series of short-term objectives which we understand will help us achieve the goals we have set. We may not sit down in a planning session with our families and friends to write everything down on paper, but as we look at our lives, we conceive of our aims and plan toward making them work. For example, young people plan toward attending college, getting married, finding a job, owning a home, traveling, going to Hollywood to be a movie star and hundreds of other dreams. Those who are serious about reaching their goals plan a series of shorter objectives, i.e., saving money for college, finding tuition or other grants-in-aid, finding a place to live in the university town, finding a part-time job to support themselves while taking classes, and so on and on.

For many years, people assumed that children and youth with disabilities did not have goals and objectives. The perception seemed to be that individuals with special needs would be lucky just to go along in place without achieving life goals like other people. That, of course, is hogwash; individuals with disabilities are like everyone else and they, too, have dreams that can be met.

As the members of the team meet to discuss and write the individual educational plan, they must know the goals and objectives of the child for whom they are planning. When the IFSP is developed, the child maybe too young to participate and the parents will be the primary decision makers. As the children move on to pre and elementary school, they may not have enough information to know what their hopes and dreams for the future are. The answer to questions may be, "I want to go to the circus," or, "I want to play with Molly." These, too, are individual objectives and should be honored as such in the team meeting. The answers to the larger questions of long-term goals may come from parents or other family members and from the experience of the professional members of the team.

Some older students with disabilities may not have the necessary communications skills to state clearly their dreams and objectives. If this is the case, the team needs to be on its toes to learn the communication style of the individual and to pay close attention to what s/he is transmitting. It is important that all youth have options so that they may make choices about preferred activities.

The team may explain the options to an individual who does not communicate in traditional ways and be alert to the responses it receives. Sometimes the responses are very clear, as in the case of Karen, who begins to cry when presented with things she does not want to do, or with Keith who responded positively to suggestions by patting the hand of the person presenting the options. At other times, the signals may be as ephemeral as eye movements, body positioning or slight head-shakes. Before initiating the planning process, however, members of the planning team must spend enough time with the person for whom they are planning so they feel the team has a good idea of his/her choices.

When answering the questions on long- and short-term goals, it is important to remember that children with disabilities have the same rights as other people. Children have a right to participate fully in the same community settings as children who do not have disabilities. This means attending a preschool that serves children with and without disabilities, going to the circus, playing in public parks, participating in family activities, and generally doing all the things any other young child would do. When they become teenagers, they will have the right to participate in the same activities as their peers. For adolescents and adults this means finding a job in the community, attending social events in integrated settings with other youth who do not have disabilities, living at home with their parents or with friends based on personal preference.

DEVELOPING ANNUAL GOALS AND INSTRUCTIONAL OBJECTIVES. When the individual, family and education team develop the IEP for a person with disabilities, there are key questions to ask that will enable the establishment of goals and objectives that will facilitate the person's integration and participation in community settings. The team should be sure that they can answer the questions before the members start planning. The questions include:

1. What are the ultimate goals for this child?

2. Will the skills to be taught now help this child to achieve the goals of the child and his/her family?

3. Are the skills to be taught practical and functional? If the child does not learn this skill, will someone else need to perform the task or provide assistance?

4. Will learning the skills enhance the life of the child? Will attainment mean the child can enjoy life more?

5. Although we may want to teach many skills, time is a factor. Which of those proposed are of highest priority for the child?

GOALS AND OBJECTIVES. Long range goals are statements that describe desired and valued competencies. They are both observable and measurable and provide the direction for objectives which are short-range. Short range objectives are usually referred to as behavioral or instructional objectives. Both need to be written precisely and clearly as they describe the desired outcomes for the instructional process.

GOALS. Long-range goals need to be stated in a way that anyone who reads them knows exactly what is meant. For example, a long-range goal for an adolescent may be, "Juan will work 20 hours a week at a gardening job in Wyattstown with the assistance of a job coach." The goal is clear and describes precisely where Juan wants to be in the future. A goal for a younger child might be, "Tara will be enrolled in an integrated first grade when she is six." Again, the outlook is perfectly clear. These goals set the direction for the instructional process.

OBJECTIVES. With each goal, there will be a series of objectives that need to be accomplished. Some of them may include skills that the child or youth needs to learn in order to attain the goal. Some of them may be activities that staff or family need to carry out so that the individual may reach the goal. An example would be arranging transportation so that Juan or Tara can physically get to the desired places.

COMPONENTS OF INSTRUCTIONAL OBJECTIVES. Instructional objectives are statements that generally have three components:

1. the behavior or the description of the skill the child will be able to do when the instruction is complete;

2. the criteria, or a description of how the behavior will be evaluated; and

3. the conditions, or a description of how the activity will be taught.

Good instructional objectives cannot be written until the team knows what the child's capabilities are. The assessment and observation discussed earlier in this module will have been completed and the team will have a good idea of the skills of the individual and areas in which the student needs assistance. When this knowledge is in place, it is possible to develop the instructional objectives for the year.

THE BEHAVIOR. Once assessment and observation have been completed and the long-range goals established, it is time to write the instructional objectives. Each objective written should be a step toward attainment of the goal. It should be described precisely, i.e., Lorraine will feed herself mashed potatoes. There is no doubt when reading this objective of what the desired behavior should be. It is observable, and there is no doubt in the mind of the person watching just exactly what is desired of the youngster. Often when designing instructional objectives, people may want to use words such as, "will understand." This, by itself, is not observable. If this happens the team should think through what the child or youth would have to do in order to demonstrate that s/he "understands". Then, design the instructional objective to reflect that behavior.

THE CRITERION. In addition to being observable, instructional objectives must also be measurable. In order that this can be accomplished, there are two criteria that must be assigned to the objective:

- the Part I criterion (CR-1) describes and measures one or more of the important characteristics of the behavior such as speed, accuracy, rate, quantity, or duration, and

- the Part 2 criterion (CR-2) tells whether the child does the behavior consistently and reliably. It may also include information about the context or setting where the behavior will occur. Some objectives may not need the CR-2 because they are not expected to occur frequently, i.e. "leaves the building when the fire alarm rings." But, if it is expected that the behavior will happen often, it should be measured over a time period.

In the instructional objective above, "Lorraine will feed herself mashed potatoes," the CR-1 may be, "getting them all in her mouth and swallowing them" (accuracy). You might further wish to add, "within ten minutes" (speed) which also describes how the behavior should be carried out. The CR-1 always tells you how well the behavior should be accomplished and how quickly or at what rate it should be carried out. The CR-1 is always measurable, and will help you evaluate whether or not the skill is being accomplished.

The CR-2 for the objective could be, "eight out of ten times within a month." This last phrase lets you know how reliable or consistent Lorraine is when eating mashed potatoes. If she is able to eat them successfully eighty percent (8 out of 10) of the time, it is likely that she will continue to feed herself mashed potatoes when they are presented to her. (If she is not tired of mashed potatoes by the time this objective is completed.) When a Part

2 criteria is designed, it is well to remember that most people do not accomplish skills with one hundred percent accuracy. We all give ourselves some leeway in measuring our skills. It is also important to keep in mind that some skills must be performed correctly 100% of the time. For example; waiting for the light to turn green before crossing the street 80% of the time is not good enough.

THE CONDITION. The third component to an instructional objective is the condition. This phrase states the circumstances under which the behavior will be performed. The condition lets the team know what help the student will need to perform the behavior and/or what materials will be needed. The condition for Lorraine's objective might well be, "when presented with a cup of mashed potatoes." This states precisely the circumstances under which the behavior takes place. These statements usually describe what will be provided to the person in order to accomplish the behavior or they may describe a contingency such as, "when asked".

Lorraine's complete objective, including the behavior, the criteria and the conditions might read, "When presented with a cupful of mashed potatoes (condition), Lorraine will eat them, getting all of them in her mouth (CR-1), eight out of ten times in the next month (CR-2)."

All of this may seem a bit complicated at first. Soon, however, it will become second nature and the parapractitioner be able to write instructional objectives that are observable, measurable, and describing exactly what behavior is asked of the student.

CHELSEA COOPERWOOD

INSTRUCTIONS: Read the following Case Study. Then, working with a partner write two yearly goals, and two long term goals for Chelsea.

Chelsea Cooperwood is two years old. She is the fifth child of Hannah and Truman Cooperwood. She has two older brothers, Timmy, age 5, and Johnny, age 10. Her sisters are Anitra, seven years old and Ase, twelve. The Cooperwoods live in Portsville, Ohio, where Truman is employed as a machinist's mate on one of the boats that work Lake Erie, and Hannah is a training specialist for the school district. They are a loving, warm family who seem to enjoy each day of life as it comes along. Money is not a particular problem to the family although, with five children, there is a need to watch pennies in order that the family can save for the children's college educations and to maintain their one-hundred-year-old house, set alongside a bubbling brook.

When Chelsea was born, she seemed like a perfect baby. She quickly learned to respond to being hugged and talked to, and she reached out for objects that were presented to her. She was alert and ready for all events. Her siblings are very fond of her and play with her often. After she was about six months old, Hannah noticed that she did not seem to be progressing developmentally in the way that her brothers and sisters had. Although still beautiful and obviously wanting to be loved, she was not sitting alone very well, and she was not trying to crawl or move herself around the room. When Hannah first mentioned her concerns to the pediatrician, he pooh-poohed her statements and told her that "Chelsea will be O.K. Just wait and see."

The next few months were full of anxiety and concern on the part of Truman and Hannah because it became obvious that Chelsea was really not developing like the other children. When the little girl was fourteen months old, the pediatrician, too, became alarmed and ordered a series of tests. The next few months were chaotic and heart-rending. Each specialist who saw Chelsea had a different diagnosis, and the Cooperwoods were told, "Just face facts -- she's severely retarded," "She has cerebral palsy," and, "We don't know what is wrong, but there is a serious delay." The family seemed to bounce day to day as each of the diagnoses were delivered and they attempted to respond to them. Finally, the assessment team decided that Chelsea had Rhett's Syndrome. This was an unfamiliar term to the Cooperwoods, so they read whatever they could find on the subject and tried to think through a program of activities that would be helpful to Chelsea.

Because of her diagnosis, Chelsea was referred to the Portsville School District. Her history and test results were reviewed by a number of specialists and an individual family service plan (IFSP) was developed for Chelsea and the family. She was assigned to Portia Allen, an experienced early childhood teacher, whose responsibility it was to design and carry out a program that would assist Chelsea and her family in every way possible. At this point, Chelsea was sitting up when pillows were propped around her, she would cuddle when her mother or Portia picked her up, and she looked up when someone said her name. On occasion, she exhibited some behaviors that were distressing to the family. Primarily, on occasion, she would begin to cry and refuse to be comforted. During these episodes, she would vomit sporadically. These crying spells might last for four to five hours.

Initially, Portia Allen did several things that were of assistance to the family. She learned the names of several other families in the Portsville area who had youngsters with Rhett's Syndrome and she gave those names to Truman and Hannah. She talked with all the family and assured them that there was a place in the public school system for Chelsea and that she would be the lead person working with them. She also told them that a para-educator would be in the classroom to provide individualized assistance for Chelsea, and to visit Hanna and Truman at home to provide them with resources and help they can use to achive their goals for Chelsea.

The Cooperwoods are sure of several things: 1) Chelsea is part of their family and they do not want her placed anywhere else. 2) They feel that Chelsea should have the same opportunities as the other children to participate in family activities and in events in the community. 3) They feel strongly that her school activities should be carried out in settings that include young children who do not have disabilities.

It is time to design an individual educational plan for Chelsea. The family is ready to take part and are extremely anxious that it should be done soon so that Chelsea can begin to take part in school activities.

EXERCISE #2

THE BEHAVIOR. You have learned that a good instructional objective must be observable. As such, it cannot be tainted with biases or judgments. It must also be measurable. In other words, you should be able to see and count the behavior as it occurs.

Following are a series of phrases. Put a "B" in front of the ones that describe a behavior that is observable and measurable.

_____ 1. will touch toys

_____ 2. will control her temper

_____ 3. will point to his mother

_____ 4. will roll a ball

_____ 5. will play with another child

_____ 6. will ride the bus alone

_____ 7, will mind the teacher

_____ 8. will behave himself

_____ 9. will share

_____10. will like music time

_____11. will respond to her name

_____12. will take turns

_____13. will follow directions

Adapted from: "A Training Program for Paraprofessionals Working in Special Education and Related Services" (2nd edition, 1990). CASE: National Resource Center for Paraprofessionals in Education and Related Services, City University of New York.

THE CRITERION. Remember that the criterion or criteria tell you how the objective will be evaluated. The Part 1 criterion (CR-1) should describe important characteristics such as speed, accuracy, rate, quantity, or duration. The Part 2 criterion (CR-2) should tell you how reliably or consistently the behavior is performed. There are five sample objectives below, with the behavior underlined. In the designated blanks, write the Part 1 criterion and the Part 2 criterion for each objective.

1. When asked, Jerome will follow the same two word direction in three different settings on three different days.

   CR-1 ____

   CR-2 ____

2. Without being reminded, Regina will take off her coat every day for two weeks.

   CR-1 ____

   CR-2 ____

3. Before snack time, Lucille will put the juice glasses on the table five times on five consecutive days.

   CR-1 ____

   CR-2 ____

4. When asked, Darla will point to her friends Susan and Cindy when they come into the room.

   CR-1 ____

   CR-2 ____

   (Is there a Part 2 Criterion in this objective? If not, write an appropriate one.)

   ____

5. During play time, Kathy will manipulate 1 movable toy five out of six times.

   CR-1 ____

   CR-2 ____

   (Is there a Part I Criterion in this objective?) If not, write an appropriate one.)

   ____

EXERCISE #4

THE CONDITION. Below are the five examples you worked with to determine criteria. This time, write the statement of condition. Remember, that the condition describes the help a student might need or tells you what materials are needed.

1. When asked, Jerome will follow the same two word direction in three different settings on three different days.

   Condition: ____

2. Without being reminded, Regina will take off her coat every day for two weeks.

   Condition: ____

3. Before snack time, Lucille will put the juice glasses on the table five times on five consecutive days.

   Condition: ____

4. When asked, Darla will point to her friends Susan and Cindy when they come into the room.

   Condition: ____

5. During play time, Kathy will manipulate 1 movable toy five out of six times.

   Condition: ____

Please write appropriate conditions for the following instructional objectives:

6. ____________________________________, Gary will point to the juice he wants on four consecutive days.

7. ____________________________________, Marsha will use finger paint without assistance on three different days.

RECOGNIZING THE COMPONENTS OF INSTRUCTIONAL OBJECTIVES

Each of the following phrases could be a component of an instructional objective. In the blank in front of each, write the initials for the proper component: B = BEHAVIOR; C = CONDITION; CR= CRITERION.

_____ 1. while sitting at the table

_____ 2. will pick up a spoon

_____ 3. will manipulate a pull toy

_____ 4. spontaneously

_____ 5. on the bus

_____ 6. 3 consecutive days

_____ 7. correctly

_____ 8. will reach for

_____ 9. without assistance

_____10. will connect two words

_____11. during music time

_____12. given crayons

_____13. when given a glass of milk

_____14. at home and at the center

_____15. will listen to a story

THE INSTRUCTIONAL PROCESS; GOALS AND OBJECTIVES

Developing Long-Term Goals and Instructional Objectives

When the team gathers to work out the individual education plan, there are some key questions that need to be asked and answered to enable them to establish annual goals and prepare instructional objectives for the student. They are:

- ✓ **What are the ultimate goals for this child?**
- ✓ **Will the skills to be taught now help this child to achieve the goals?**
- ✓ **Are the skills to be taught practical and functional? If the child does not learn this skill, will someone else need to perform the task or provide assistance?**
- ✓ **Will attainment of the objectives enhance the life of the child? Will attainment mean the child can enjoy life more?**
- ✓ **Although we may want to teach many skills, time is a factor. Which of those proposed are of highest priority for the child?**

THE INSTRUCTIONAL OBJECTIVE

A WRITTEN STATEMENT OF WHAT THE LEARNER WILL BE ABLE TO DO WHEN THE LEARNING EXPERIENCE IS COMPLETED SUCCESSFULLY. IT HAS THREE COMPONENTS:

> **THE BEHAVIOR** OR THE DESCRIPTION OF THE SKILL THE CHILD WILL BE ABLE TO DO WHEN INSTRUCTION IS COMPLETE;
>
> **THE CRITERIA**, OR A DESCRIPTION OF HOW THE BEHAVIOR WILL BE EVALUATED; AND
>
> **THE CONDITION(S)**, OR A DESCRIPTION OF HOW THE ACTIVITY WILL BE TAUGHT.

UNIT 5 - PART I - INSTRUCTIONAL INTERVENTIONS

EQUIPMENT AND MATERIAL NEEDED

- Flipchart and easel or chalkboard
- Overhead projector, screen and Transparencies
- Copies of the Handouts and Exercises for this unit
- Obtain copies of your school district's/agency's policies for managing challenging behaviors.

BEFORE THE TRAINING SESSION

- Review the Background Material and the content in the transparencies and other resources available to you about instructional techniques and interventions that may be used effectively with young children. Prepare a series of short lectures on the various components of this unit. You may want to review the earlier module on Serving Children in Integrated Settings to prepare the lecture on the classroom environment.

- Make copies of the transparencies or write the information on the flipchart or chalkboard.

- Make copies of the Background Material and Exercises for the trainees.

- Gather material/equipment you will need during the Task Analysis Exercise.

DURING THE TRAINING SESSION

¶ Begin the class by discussing characteristics of behavior shared by all people no matter what their ages or whether they do or do not have disabilities. Use the transparencies to emphasize the points you make. To stimulate discussion 1) ask the participants to brainstorm a list of activiites or events that serve as personal reinforcers for them, and 2) ask them to describe programs they have participated in that supported their efforts to change a behavior (lose weight, stop smoking).

¶ Distribute Exercise 1, it asks the trainees to look at their own lives and to consider the impact of positive teaching techniques as opposed to punishment on their ability to learn.

¶ The introduction to the discussion of "Instructional Interventions" is key to the integrity of this entire unit. Indeed, the techniques described in the first part of the unit are of use not only in early intervention/childhood programs, the same strategies are employed in classes and community centered programs for older children and youth. (Part 2 of this unit centers on using developmentally appropriate strategies to facilitate the inclusion of young children in early childhood programs.)

¶ Exercise 2 asks the trainees to design a teaching sequence and indicate where and how they would use reinforcement. Their efforts at this point will be relatively unskilled but the task should enable them to begin to understand how and when reinforcement is used.

¶ The discussion on Shaping should be relatively short. Again on Exercise 3 trainees are asked to design a teaching plan where shaping is the tool to be used.

¶ Extinction is next on the agenda. The explanation of how it is done can be relatively short. This technique is best taught by demonstration. Exercise 4 indicates that you the trainer with the assistance of a volunteer will demonstrate extinction. The exercise describes a role play for you to follow and a second one for two members of the class to enact. This can be a very effective tool for education personnel and parents to use when working with young children who have challenging behaviors that interfere with their learning and ability to communicate and participate in classroom activities. So you should allow for adequate time to ensure it is understood.

¶ The next unit of material covers Task Analysis. This too, is a technique better learned by doing rather than listening. Either distribute Exercise 5 and ask the participants to choose one of the three suggested activities or give them other tasks to choose from. Be sure to have the equipment they will need to carry out the Task Analysis. Divide the class into groups of 3 or 4 to work on the assignment. When it is completed ask for volunteers to teach the lesson to a volunteer from another group.

INSTRUCTIONAL INTERVENTIONS

CHARACTERISTICS OF BEHAVIOR SHARED BY ALL PEOPLE. People are people. Because individuals have disabilities does not mean they are "different" in their abilities to experience emotions, participate in life activities, or respond to daily events. We are alike; and there are characteristics and patterns of behavior common to all of us. Perhaps the most helpful way of thinking about ways to effectively teach children, disabled or not is to ask yourself "How would I respond in this situation?" "Would I like this?" "What do I do when I am angry, frustrated?" "How do I learn best?" When we begin to understand our individual responses to these questions, we are better able to develop and present learning opportunities that meet the needs of all the children we work with.

In educational jargon, children's attempts to communicate and their responses to events are called "behavior." A behavior can be seen, heard and identified. It is measurable meaning that it can be counted and timed. This word is used to label activities. For example, a "behavior" would be "talking to Cathy," "hitting the wall," "patting Diego's hand," "playing alone" and "eating unassisted." From this list, and many other examples, it is possible to see that observable, measurable parts of a child's activities or responses can be labeled, a behavior.

INSTRUCTIONAL INTERVENTIONS FOR ENHANCING LEARNING. There are a good many ways in which to help children, youth and adults learn more easily and effectively. Think for a moment of the best learning situation you have ever been in. Where did you learn the most? What did the teacher do to help you learn? Was the atmosphere in the learning environment a positive or a negative one?

There has been a great deal of research into the ways people learn best. The techniques presented here are generally considered to be those which are most effective. You will note that punishment is not suggested as a teaching technique. There is a large body of evidence which suggests that people learn more easily and effectively when positive teaching techniques are used. Indeed, the punishment model is in the process of being discarded.

Individuals who are newly entering early childhood education may be concerned about "maintaining discipline" in a classroom of lively 3, 4 and 5 year olds. They may feel as though they should monitor and punish rule infractions, lest the children "get out of control." Again, the evidence indicates strongly that teachers and paraeducators who build environments that reinforce and support children engaged in activities that are meaningful to their lives generally do not have discipline problems." If a child has some behaviors that are unacceptable in a classroom setting, there are a variety of positive ways to help him/her learn more socially accepted behavior patterns.

REINFORCEMENT. The ultimate goal for teachers and parapractitioners who are working with children with disabilities is to teach, assist and support each individual as s/he learns the skills necessary to participate fully in the community. This includes helping them learn to make choices so that they can have the decision making ability to elect how, when and where they want to take part. As the objectives on the IEP are developed and taught, the child also learns appropriate social and communication skills for his/her age.

In order to assist each child learn these skills, teachers and parapractitioners reinforce appropriate behaviors. When you reinforce a behavior, you let the child know that s/he is doing well. You can reinforce a behavior by patting a student on the back, by saying, "Well done," or, sometimes, by smiling and nodding. A reinforcer is described as "an action or event that will increase the chances of the future (re) occurrence of the behavior it follows."

There are many ways to reinforce behavior and no two children respond to the same reinforcers. Some reinforcers are called "primary." These usually include tangible items like food, drink, or toys. While such reinforcers are appropriate for young children, when their learning experiences are new, the primaries are often quite noticeable and may even be demeaning to the individual as they grow old. As soon as the person begins to respond to a primary reinforcer, it is wise to begin considering other, less noticeable, ways to reward a positive behavior.

Other reinforcers are known as secondary. They include a smile, verbal praise, or letting the child participate in an activity that s/he likes. We all remember our grandparents or parents who said, "As soon as you finish doing the dishes, you can go out and play." They were defining what they wanted us to do and then giving us a reward (a reinforcer) for carrying out the task.

Other reinforcers are described as negative. For example, the shrill of an alarm clock early in the morning is hardly pleasant, but it does do the job of getting you out of bed. The glare of the sun when you step outside in the heat of a summer day does make you put on sunglasses to protect your eyes. A traffic ticket will probably cause you to slow down and stay within the speed limit - for a while. These reinforcers may seem negative but they do produce positive behaviors. While they may achieve desired goals for older children and youth, they probably are not as meaningful for young children.

It is important to give the reinforcement as soon as the child has started the task or demonstrated the positive behavior you desire. If you delay, the child may think that s/he is being rewarded for something else. For example, Mary was picking up her toys while her Mother was watching. She was doing a good job and her Mother was thinking, "I'll give her an ice cream bar when she finishes. She is doing such a good job!" Just then, Mary kicked the dog. While her mother was surprised and startled, she took Mary to the kitchen where she gave her the ice cream bar and sent her out to play. What did Mary think? She was confused. She didn't know which behavior she was being rewarded for -- picking up toys or kicking the dog. What would you think? Especially for young children, you must reward the desired behavior immediately.

Because most young children are easily distracted, it is frequently easy to interrupt challenging behaviors and redirect them to other more rewarding activities or interactions. Reinforcement is an invaluable tool for teaching. To recognize and reward the attainment of skills and behaviors that will help an individual gain autonomy and learn to make decisions is a powerful assist to the person.

SHAPING. Many educators use another tool called, shaping. The definition of shaping is to reward each successive approximation of the behavior desired. Sound pretty complicated? Not really. For example, suppose you are helping LiPo learn to use a spoon. The behavior has been analyzed and broken into short easy steps. The first step is for her to pick up the spoon, the second step is to put it into the cereal bowl, the third to pick up cereal, the fourth to lift it to her mouth, and the fifth to put the food into her mouth. Instead of waiting until the whole behavior of eating has been learned before you reward the individual for her work, you decided to reward her for each successive step as it is learned. You would, then, reward LiPo for picking up the spoon. As this is learned, then you would concentrate on the second step and reward its completion. If LiPo was having a lot of difficultly learning the skill, you might decide to reward even smaller steps within the sequence.

Shaping is a nice tool to use. It allows the teaching staff to recognize and reward a child who is moving toward an objective. It is a tool that many parents use unconsciously; for example, when teaching a child to pick up toys, a parent often will give a hug or a kiss the first time the little one puts any toy in the appropriate place.

MODELING. Another teaching tool is modeling. That simply means that you demonstrate by your actions the skill or behavior that you desire of another individual. This tool is often used when helping people learn to deal with their emotions in social situations. Where little children can, and often do, relieve their frustrations by dumping a truckful of sand on their playmate's head, such coping mechanisms are denied to adults. In order to teach the socially appropriate responses to frustration or anxiety, teachers and parents often model the behaviors desired. When the person responds by doing the same thing him/herself, a reinforcer is given. It is important to remember that children learn from the teaching techniques and behaviors that are modeled. Therefore, children and youth who are taught by people who model positive behavior learn positive ways to work and interact with other people. Children and youth who are taught using punishment as a technique learn how to punish.

EXTINCTION. This, too, is a powerful tool in the arsenal of teaching technology. When we speak of extinguishing a behavior, we mean that this specific behavior will be ignored -- completely ignored -- and other positive behaviors will be reinforced. It is used in a variety of ways. For example, when a young child, begins to use socially unacceptable words in front of the teacher and other children an almost automatic response is for other children to giggle and for adults to "lecture" the child, and therefore reward the behavior by attending to the child. The more effective way to deal with it often is to simply ignore the swearing when it occurs and to positively reinforce the child when s/he expresses him/herself in a more socially acceptable way.

Extinction can also be used in other situations. A child for example may be pulling the hair of the child sitting next to him/her at a reading table. You would disengage the hand from the hair and redirect the child back to looking at the pictures and listening to the story. While doing so, you would not acknowledge the incident or begin a series of questions. You would simply redirect the behavior. As soon as the child is paying attention, you would let him/her know that s/he is doing a good job. Remember, though, no attention paid to the hair pulling. If necessary, of course, you would comfort the child whose hair was being pulled but you would do so with your back to the hair puller.

It is necessary to practice your reactions when you want to use extinction as a teaching tool. Its effectiveness depends on your ability to ignore and to reward positively. Most people, however, when their actions are completely ignored, seek to find other ways to interact with the environment; ones that will get a reaction from you and others. This may result in continuing the objectionable behavior at a higher rate. This should last only a short while but the child is repeating a behavior that got attention before. As s/he realizes it isn't working, then an effort will be made to find a new behavior that will be rewarded.

TASK ANALYSIS. This teaching tool was developed to its fullest by a man named Marc Gold. He was concerned with helping young people with mental retardation do work that was positively valued. He noted that if a task could be broken down into its component parts, it was much easier to teach than if an individual was asked to learn the whole thing at once. He demonstrated his ideas effectively by taking apart a bicycle brake into its separate parts. He then set up an assembly line where people, in 157 separate steps, could put the brake together. By so doing, he showed the world that people with severe retardation could perform difficult jobs well.

When teaching any task, it is important to ask yourself how it can be broken down. In the illustration above, for example, when LiPo was learning to use the spoon, the task was divided into smaller steps. It was pointed out, as well, that even those steps could be subdivided, if necessary.

Many skills that you want to teach to young children in the learning environment can be broken down into individual steps: teaching a child to play with blocks, teaching dressing or eating skills, teaching children to wash their hands, toilet training a child, and on and on. Even putting on one's socks can be broken down into a number of steps.

As the teacher and paraeducator work together to design instruction they should keep task analysis in mind and use it whenever teaching the whole task seems like too much at once.

EXERCISE #1

SELECTION OF TEACHING STRATEGIES

DIRECTIONS: This exercise is designed to elicit from you examples and illustrations of different learning environments -- those in which positive reactions and reinforcements were evident and those in which punishment may have been used. You are being asked to share a part of your life experience. Consider carefully those events that you would like to share with a partner or with the class.

Working with a partner, consider two types of learning situations that you have encountered in your life. They may have occurred at home, at school, or in social situations. Select one learning event in which you remember the instruction being delivered in a positive manner. Select another where punishment or the fear of punishment was the primary incentive for learning. Make notes below on both:

Positive	Punishing

Compare and contrast the two learning situations. From which do you feel you have derived the most good? Why?

EXERCISE #2

REINFORCEMENT

In order to use reinforcement effectively, it is necessary to design a teaching plan ahead of time that indicates when and under what circumstances reinforcement should be given. For example, if you are teaching a child to tie his shoes, when would you give the reinforcer? At the completion of the entire maneuver? At the completion of each step? And, what kind of reinforcement would you use? That would depend on the child, of course, and what he liked, but you need to plan it ahead of time.

DIRECTIONS: Outline below a possible teaching sequence, designating what the reinforcer would be and when it would be given, for a child in the program where you are working.

SHAPING

DIRECTIONS: Focusing on a child with whom you are now working, outline a teaching sequence using shaping as your technologic tool. Be prepared to discuss it with the rest of the class.

MODELING

DIRECTIONS: Outline a teaching sequence where modeling is the tool used. Focus on a sequence that would be appropriate for a child with whom you are working.

EXERCISE #5

EXTINCTION

Role playing is one way to learn to use extinction appropriately. Your teacher will demonstrate the use of extinction in front of the whole class. Working with a volunteer, s/he will show how to extinguish a behavior when a child is alternately playing with a toy and then whining for an adult's attention.

When the role playing has been completed, feel free to ask as many questions as you have about the technique. Then, four class members will be asked to demonstrate in a role play how to extinguish the behavior exhibited when a child is eating with her family, one elbow on the table, her head resting on her hand, pounding on her food with a fork, saying over and over I hate carrots.

Analyze each role play carefully. Decide why extinction is effective and take notes below on its value.

TASK ANALYSIS

DIRECTIONS: Working with a partner, select one of the three tasks listed below and work out a breakdown, step by step, of how they could be taught:

- picking up a spoon and putting the food into your mouth
- putting on and zipping up a jacket
- going to the playground

Use as much time as you need. Try to make each step a separate task that could be taught individually and then merged with the rest. Use the back of this paper if you need more room.

After you have completed your task analysis, your teacher will ask three volunteers to demonstrate their analyses, using other trainees as learners.

CHARACTERISTICS OF BEHAVIOR

✓ ALL BEHAVIOR HAS MEANING

✓ BEHAVIOR IS LEARNED.

✓ BEHAVIOR THAT BRINGS REWARD WILL BE REPEATED

✓ BEHAVIOR THAT IS REPEATED BECOMES HABITUAL.

BEHAVIOR CAN BE CHANGED

- ✓ WHEN A BEHAVIOR HAS BEEN A PART OF AN INDIVIDUAL'S REPERTOIRE FOR A LONG TIME, IT MAY BE DIFFICULT TO CHANGE.
- ✓ SOME BEHAVIORS THAT ARE PERCEIVED AS "DIFFICULT" OR "CHALLENGING" MAY BE USED TO COMMUNICATE NEEDS OR TO GAIN THE ATTENTION OF OTHERS.
- ✓ PLANNING STRATEGIES DESIGNED TO CHANGE HUMAN BEHAVIOR SHOULD BE BASED ON OBJECTIVE DATA.
- ✓ EACH PERSON LEARNS IN A DIFFERENT WAY AND RESPONDS TO DIFFERENT TYPES OF TEACHING STRATEGIES.
- ✓ ENCOURAGEMENT AND POSITIVE REINFORCEMENT ARE STRONGER TEACHING TECHNIQUES THAN DISAPPROVAL AND PUNISHMENT.

BEHAVIOR MUST BE OBSERVABLE. THIS MEANS:

✓ IT CAN BE SEEN

✓ IT CAN BE HEARD

✓ IT CAN BE IDENTIFIED

BEHAVIOR MUST BE MEASURABLE. THIS MEANS:

✓ IT CAN BE COUNTED

✓ IT CAN BE TIMED

From, "A Training Program for Paraprofessionals Working in Special Education and Related Services." CASE: National Resource Center for Paraprofessionals in Education and Related Services, City University of New York, 1990.

UNIT 5 - PART 2 - FACILITATING INCLUSION BY USING DEVELOPMENTALLY APPROPRIATE ACTIVITIES

EQUIPMENT AND MATERIALS REQUIRED

- Flipchart and easel or chalkboard
- Copies of the handouts and exercises for this unit.
- Examples of typical schedules and curriculum activities used in day care, Head Start and other preschool classes to enhance inclusion of infants and children with disabilities.
- Ideas and materials for "make and take" activities.
- Computers, speech synthesizers and other adaptive equipment that can augment speech for children who are non-verbal.

BEFORE THE SESSION

- Review the Background Material and Information Handouts in this unit. If you have not yet taught a session on "Human Development," you may want to review the Background Material in that unit as well as other resources you have available to you about methods and materials the instructional team can use.

- Develop a series of brief lectures that stress 1) the importance of using age and individually appropriate curriculum activities; 2) the value of using instructional strategies based on child initiated/directed activities supported and encouraged by the instructional teams; 3) the value of play in the early childhood curriculum and 4) ways the team can encourage communication and social interaction among children and adults.

- On the flipchart or easel write the definitions of 1) developmental appropriateness, 2) age appropriateness, 3) individual appropriateness; 4) curriculum; 5) practice play and 6) symbolic play.

- Collect samples of schedules and curriculum activities from early childhood teachers in your district, Head Start, or day care centers that include children with disabilities. Or if you have time, invite a teacher to attend the class to describe how she modifies curriculum activities to accommodate the needs of children with disabilities.

- Invite a speech pathologist to address the class to: 1) discuss speech and language development in young children; 2) present ideas for activities participants can use to improve their ability to interact with children with delayed language and communication skills and 3) demonstrate computers, speech synthesizers and other adaptive equipment that will augment communication for children who are non-verbal.

- In this training program, a suggested unit on techniques for carrying, transferring and positioning children with physical disabilities is included in the module "Emergency, Health and Safety Procedures". (If participants will benefit from learning these techniques you may want to incorporate that training in this session and invite a physical therapist to conduct the training.)

- Make copies of the Information Handouts and Exercises, and gather materials for make and take projects.

DURING THE SESSION

¶ Use the definitions on the chalkboard as a guide for the introductory lecture on the importance of developmentally appropriate curriculum activities. To stimulate a discussion ask the participants to describe the schedule, curriculum activities and learning centers used in the class/program where they work. Ask them if they are aware of how the teacher, speech pathologist, occupational therapist, or physical therapist has modified the environment or activities to meet the needs of children with special needs.

¶ Move on to a discussion of the importance of play in the curriculum. Ask the participants to describe how play is used in their class/program to: 1) encourage children to communicate and interact with adults and other children; 2) manage their environment through cooperation, helping, sharing; 3) make choices, learn to solve problems, develop basic academic skills; 4) enhance self-esteem, and 5) increase independence. (See Handout 1 for description of different levels of play.)

¶ Distribute the sample schedules. Ask the participants to identify the various segments of the schedule and how each contributes to the use of developmentally appropriate curriculum activities. Ask them to identify how the schedules encourage children to learn through practice and symbolic play.

¶ Distribute Exercise 1 "The Classroom Environment" and ask the participants to work together in groups of two or three to complete the exercise. Reconvene the group and ask them to share their ideas.

¶ Distribute the Information Handouts 1 thru 3 and ask the participants to use them as a guide during the lecture. Introduce the discussion of the important role of communication in the lives of children, including why they learn to communicate and how it affects their ability to effectively interact and make connections with other people. Discuss interactive teaching methods paraeducators can use to encourage children to learn to develop communication and social skills. Stress 1) the importance of adult/ child interactions in the learning process and 2) that language and social/ interactive skills are not learned during a time set aside for specific lessons, instead they should be part of all activities.

¶ Divide the participants into pairs and ask them to develop and role play a scenario where the paraeducator uses effective interactive strategies for increasing the growth and development of students. The procedures they select could include one or more of the following 1) asking questions; 2) using cues or physical prompts to encourage the child to respond; 3) encouraging children to assist and learn from each other; 4) providing opportunities for the child to try a new experience, and 5) responding to requests for help or information.

¶ Distribute Information Handout #4 "Curriculum Activities That Strengthen the Inclusion of Young Children Into Early Intervention/Preschool Programs." Divide the participants into groups of 4 or 5. Ask each group to choose curriculum areas and develop another activity that will encourage the participation of a child with special needs in a group activity. Provide paper, markers, scissors, materials, etc. Ask each group to share their ideas with the class.

¶ Introduce the speech pathologist and allow a minimum of three hours for this activity.

¶ At another learning session introduce the physical therapist. Allow at least three hours for this activity.

DEVELOPMENTALLY APPROPRIATE INTERVENTIONS

Early childhood specialists increasingly are recognizing that effective child care and teaching practices for all infants, toddlers and young children with and without disabilities should be developmentally appropriate and family centered. This is true no matter whether the services are provided by home visitors or in day care centers.

WHAT IS DEVELOPMENTAL APPROPRIATENESS?* The concept of developmental appropriateness has two dimensions: age appropriateness and individual appropriateness.

AGE APPROPRIATENESS. Human development is based on predictable patterns of growth and change throughout life. These predictable sequences occur in all areas of development - language, social/ emotional, cognitive and physical. (See the module on Human Development in this training program for more information.) A knowledge and understanding of typical development within the age span of the children served by the program provides a framework from which the instructional team plans appropriate experiences, prepares the learning environment and implements the program.

INDIVIDUAL APPROPRIATENESS. Children have individual patterns and rates of growth, as well as individual personalities, learning styles and family backgrounds. It is essential that curriculum activities and adult interactions be responsive to these individual differences.

CURRICULUM PLANNING. In the past the curriculum activities in child care and preschool education programs for young children were usually teacher directed, stressed teaching pre-academic skills, and taught children to follow commands - not to explore their environment or learn from trial and error. In today's early intervention and education programs, the activities are child-initiated, child-directed, teacher-supported and teacher-encouraged.

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*This definition of developmental appropriateness used with permission and is from: "Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8, Expanded Edition" (1990). Washington, D.C.: National Association for the Education of Young Children. Other material in this unit has also been adapted from the same source.

Carrying out developmentally appropriate practices has many components. In this training program for paraeducators we are concerned primarily with 1) curriculum activities, 2) adult-child interactions and 3) ideas for materials and experiences that can be used to facilitate the inclusion of children with disabilities into child care and education programs.

A developmentally appropriate curriculum for young children is designed to meet the needs of the age span of the children within the group and is implemented by the team with attention to the different needs, interests and developmental levels of individual children. Effective curriculum goals address all areas of a child's development: physical, social, emotional, language and cognitive through an interactive approach.

ASSESSMENT. Using functional assessment strategies are the key to planning developmentally appropriate curriculum activities. Careful and on-going observations systematically recorded provide information about the needs, strengths, learning preferences, special interests and developmental levels of individual children. Interviews with parents and other caregivers provide information about family/cultural backgrounds, communication styles, and the goals of the family for their child that enhance the planning process. (See Units 2 and 3 in this module "On-Going Assessment and Observing and Keeping Good Data" for more information.)

PLAY BASED LEARNING. Play is a primary vehicle for and indicator of physical, cognitive and social development in young children. In early childhood home and center based programs for children with and without disability spontaneous and formal play are core activities.

Piaget and other researchers have established the importance of play as a mechanism for enabling children to progress through developmental stages. Through structured and spontaneous play activities children learn to: 1) have fun by themselves and with other children; 2) make choices; 3) increase independence; 4) share and cooperate; 5) solve problems; 6) follow rules; 7) use their imagination; 8) complete tasks; 9) lay the foundation for acquiring academic skills and 10) improve sensori-motor skills.

LEARNING ENVIRONMENTS. Implementation of age and individually appropriate curriculum activities in the home or center requires an environment that enables children to learn through exploration and interaction with parents, other adults, other children and materials.

Teachers and team members must take several factors into account as they design and prepare the environment. They include: 1) the overall schedule as well as changes in schedules for individual children; 2) the availability of different learning/ play centers; 3) opportunities for outdoor play, and 4) the availability of materials that will encourage children to use imagination and try out new ways of doing things.

In center based programs, activities, materials, and equipment should be provided for a chronological age span that may range from twelve months to two years. For example, books need to vary in length and complexity; puzzles vary in number and sizes of pieces. Equipment required by children with disabilities should be designed to reduce isolation and facilitate inclusion. For example, positioning bolsters that look like stuffed animals or other items children enjoy playing with and barrel chairs designed to look like horses are effective alternatives to commercially made equipment.

IMPLEMENTING CURRICULUM AND ACTIVITIES. The roles of adults in the learning environment are to stimulate learning, build self-esteem in children with disabilities and other special needs and challenge children to try new activities. Interactive teaching methods are effective strategies for supporting children as they grow and develop. Interactive procedures include: 1) asking questions and if necessary providing cues or suggestions to help the child respond; 2) encouraging children to assist and learn from each other; 3) systematically providing opportunities for children to try new experiences, and 4) responding to the needs of students. The following sections contain suggestions for stimulating growth in language, cognitive, social and physical development in children with disabilities and other special needs.

STIMULATING GROWTH IN LANGUAGE. Supporting the development of communication and social skills in all young children is at the heart of any early intervention/childhood program. Teaching young children with disabilities to communicate and interact with adults and other children is of critical importance. Indeed most parents identify these skills as an urgent need because these skills will contribute to the successful transition of their child from early childhood and preschool programs into kindergarten and early elementary classes, and these skills enable their child to participate more fully in family activities.

As young children grow and develop they use oral language to and other means of communication to: 1) make contact with and interact with caregivers and other children; 2) learn about and understand their surroundings, and 3) coordinate and control their environment. (See Information Handout 2 for A Definition of Communication and a List of Reasons Children Need to Communicate, How Children Communicate, and Levels of Communication.)

Stimulating language growth in young children with disabilities requires imagination, patience, and interest on the part of caregivers and other educators. Communication and language instruction cannot occur at a specific time, but must permeate all activities in the child's schedule and routines. Paraeducators have many opportunities to help children learn language as they play with them, interact with them during other activities, show interest in what they are doing by asking questions, and reinforcing all attempts to communicate. (See Information Handout 2 for more specific ways paraeducators can stimulate language development.)

STRENGTHENING GROWTH IN SOCIAL AND COGNITIVE SKILLS. The development of language, cognitive and social skills cannot be separated. Young children learn through their experiences including: observing others, trial and error, repetition, manipulating equipment, repetition/practice, playing alone and in groups and successfully completing an activity. Adults facilitate learning in many ways. They provide opportunities for children to try out new and more challenging activities. They encourage children to identify problems and develop their own solutions. And they allow children to hone their skills through practice and repetition of favorite activities. (See Handout 4 for Curriculum Activities that Strengthen the Inclusion of Children With Disabilities in Early Intervention/ Childhood Programs.)

STIMULATING PHYSICAL DEVELOPMENT. Children with physical disabilities may require individualized programs developed by physical and occupational therapists. In the module Emergency, Health and Safety Procedures we have outlined a suggested training program to prepare paraeducators to use the techniques developed by a physical therapist for positioning, transferring and carrying young children with physical disabilities.

HOW PLAY CHANGES WITH SOCIAL DEVELOPMENT*

UNOCCUPIED - Children watch others at play but do not enter the play. Unoccupied children may just stand around or move about the area.

ONLOOKER - Children watch others play, may talk to them or ask questions, and seem to move closer to a group, rather than watching whatever momentarily catches their attention.

SOLITARY INDEPENDENT PLAY - A Child plays alone with objects. Even if the child is within speaking distance of others, the child does not alter her or his play, or interact with the others.

PARALLEL ACTIVITY - A child plays with toys like those used by nearby children. The child does not try to influence the other children's activities. "He plays **beside** rather than with the other children."

ASSOCIATIVE PLAY - Common activities occur between children. They may exchange toys and/or follow one another. Although all the children in the group are doing similar activities, specific roles are not defined, and there is no organized goal (such as building something or playing a game with rules.)

COOPERATIVE OR ORGANIZED SUPPLEMENTARY PLAY - Children cooperate with others to construct something, hold competitions, produce dramas with coordinated roles, or play games with formal rules. Group membership is defined, usually by one or two powerful leaders.

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*Adapted from: Rogers, C.S. & Sawyers, J.K. (1988). "Play in the Lives of Children." Washington, D.C. National Association for the Education of Young Children.

STRATEGIES FOR LANGUAGE DEVELOPMENT

To help children develop language and communication skills, members of the instructional team should:

- ✓ Let children take the lead. This can be accomplished by watching what children do, listening to what they say and responding to all efforts to communicate.
- ✓ Provide instruction in brief, natural and fun exchanges. Teach language and/or social skills whenever and wherever it is functional and enables children to succeed or get what they want.
- ✓ Create an environment that encourages children to choose from a variety of activities, materials, and equipment, provide time to explore and when children are ready, to encourage them to try more complex/challenging activities.
- ✓ "Go with the flow" of what children are doing. Respond to their actions or questions. Add new information to a child's comments. Ask questions to stimulate thinking/the creation of new ideas.
- ✓ Adapt methods for group instruction to accommodate the developmental levels of individual children by 1) making sure each child has a chance to respond or participate actively; 2) using prompts and cues that are appropriate to the communication level of a child; 3) keeping materials in plain view - or holding them for a child, and 4) speaking to an individual child about an event or item that is meaningful.

COMMUNICATION

COMMUNICATION is the transmission of a message from one person to others. It may be either verbal or non-verbal and may be accomplished by eye contact, facial expressions, gestures, and/or language.

CHILDREN COMMUNICATE BECAUSE:

1. They want or need an object or a person.
2. They want help or need assistance to do something.
3. They want or need information.
4. They want or need attention.
5. They want to tell us something.
6. They don't want something.
7. They don't want to do something.

HOW CHILDREN COMMUNICATE:

At first, young children accomplish the purposes described above without talking. Using various facial expressions, gestures, and vocalizations, they manage to get what they want and need and indicate what they don't want. Children begin with such facial expressions as smiles, frowns, and grimaces. Later, facial expressions are integrated with gestures. A typical sequence of development for gestures includes:

1. Looking
2. Reaching
3. Looking and vocalizing
4. Reaching and vocalizing
5. Giving, showing, or pointing to an object
6. Giving, showing, or pointing to an object and vocalizing
7. Gaining adult's attention and then pointing to an object
8. Gaining adult's attention and then pointing to an object and vocalizing.

At the same time that children are using gestures and facial expressions to communicate, they develop different sound patterns. A typical development of sound patterns includes:

1. cries and sounds, comprised mostly of vowels, such as cooing;

2. consonant-vowel and vowel-consonant blends (cv, vc) such as "ba," "ga," "ag," "ap";

3. repetition of the same sounds, such as "baba," "gaga," "dada," "mama";
4. different consonant-vowel/consonant-vowel combinations, such as "gaba," "bama," and "nada";
5. jargon--sound patterns with adult inflections, as when the child sounds as if he or she is talking on the telephone but no real words are used;
6. consonant-vowel-consonant patterns which begin to sound like real words, for example, "bot," "cat," "hot," "dad," "gog."

CURRICULUM/PLAY ACTIVITIES THAT STRENGTHEN THE INCLUSION OF YOUNG CHILDREN WITH DISABILITIES INTO HOME AND CENTER BASED PROGRAMS

Effective early childhood programs are play/activity based. Adults interact with groups of children in brief, natural and fun exchanges with individual children. Learning occurs as children interact with adults and with each other. Activities at home or in the classroom should promote spontaneity and teach children that through language they can control their environment in many ways. Routine activities help children anticipate the next activity and become comfortable in the classroom or other settings. Although structure is important, natural interactions and natural consequences occurring during the day facilitate functional communication and transfer of learned skills.

Routine and special activities, (Art, Music, Cognitive Games, Physical Development) provide the variety necessary to motivate children to learn. In many cases, routine activities can be modified slightly and used in different ways to meet the needs of children with disabilities.

ROUTINE ACTIVITIES. Only through careful planning of routine activities will young children with disabilities develop functional skills. Children with disabilities should not be passive observers, trained to be quiet and wait until it is their turn to talk. Classroom activities must include routine and frequent opportunities for them to communicate with both children and adults.

SAMPLE ACTIVITIES

1. Before school starts, provide limited choices. Greet each child upon arrival. Ask and sign "Do you want to play with the sand, the play-doh or the foam?" When the child has chosen, go to the area and play with the child there.

2. Routinely talk with each child. Take time to speak casually and play with children as they participate in different activities. Comment on what they are using or describe their activities in simple terms; e.g., "Lizzy is putting the sand in the cup." Let the child know you are interested in the activity.

3. Arrange activities so that children need to recognize their own name or symbol in order to participate. For example, write the name and symbol on art paper, and say "Whose name is this?" When the child consistently recognizes his/her own name with the symbol, write several names on the board. Give the child his/ her own name card and ask him/her to match it to the correct name on the board.

4. Have children choose their snack. Present two foods. Ask and sign "Do you want this cracker or this sandwich?" When the child chooses, give the food to the child. When the child finishes a food, don't immediately supply additional food. Be a poor hostess; wait for the child to ask for more. Teach all children the sign for "more" and always emphasize the word "more"; e.g., "Do you want MORE?"

MAKING CHOICES. This is the children's time to decide what they want to do. It's a great time to "play" with the children and for them to learn from their environment with the paraeducator as a guide. Children love to have the staff join them. As much staff/child interaction should occur during free choice as during a structured lesson, but the key to this interaction is that you must take your lead from the children. Observe what they are doing, and join in on their terms. The children should be able to select from a wide variety of materials--blocks, trucks, puzzles, magic markers and paper, dress-up clothes, dishes and utensils, telephones, sand table, riding toys, books, dolls, etc.

ART. Arts and crafts are sometimes included as busy-work in the curriculum, rather than serving as vehicles for children with disabilities to develop language and cognitive skills. Art time is for listening to and talking with children as well as completing art activities. All children should be included, even if the teacher must hold an individual child's hand and brush or paste paper. To the child the process is more important than the product. Because the products of art activities are important to parents, art projects should be sent home regularly.

SAMPLE ACTIVITIES

1. Painting (messy for teachers but great for kids). Write the child's name on the upper left-hand corner of the paper. Holding up each paper, ask "Whose name is this?" After the child recognizes his/her name, place the paper conveniently for the child to work on. Have the children choose the color paint and the type of brush they wish to use. Because children of all ability levels enjoy it, painting with a brush should be a regular activity. A variation is to have the children paint just one side of the paper, then fold the paper over to make a duplicate design. For variety, the children may paint boxes or scraps of woods. Painting large boxes is fun, especially outside in warm weather.

2. Making a Book. Make a blank book for each child, using construction paper for the cover and six sheets of copying paper for the pages. Write the child's name and symbol and the title on the cover. Each book should follow the theme or unit that is being taught that week. Possible books might be "Jimmy's Animal Book," "Lizzy's Food Book," "Tommy's Car Book," etc. Have the child work on the book for a few days, pasting in magazine pictures or drawings they have made.

3. Hats. Make a cone of construction paper, and staple it to fit the child's head. Present different scrap materials to the child, and expect the child to name or point to the material he/she wants to glue onto the hat. Give each child a container of white glue. When the child finishes the hat, let the child wear it and look in the mirror. Take the class on a walk to other classes to show off the hats. This activity may be repeated several times, with different materials to be attached to the hats.

COGNITIVE GAMES. Cognitive and language skills cannot be separated. Cognitive growth provides not only the foundation for what is learned but also when it is learned. The ability to read easily and learn math concepts may depend heavily on basic language skills acquired in pre-school years.

SAMPLE ACTIVITIES

1. Developing listening and attending skills. Set aside time each day to sit at a table with the child and do a structured purposeful activity, such as completing a puzzle, matching pictures, drawing. Assign a specific task and praise the child when it is completed. Encourage the child to listen to short verbal descriptions of an event or a picture.

   a. Sorting pictures and objects. Begin with objects that differ in color (yellow vs. blue blocks), size (big vs. little cars). As the child is able, increase the number of decisions--big/little cars vs. big/little trucks, or zoo vs. farms animals, or square/round vs. little/big blocks.

   b. Classifying. Have the child sort pictures and objects into different categories, such as items we eat, sleep in, ride in, are in a house, play with, belong to Daddy. Ask the child to name objects that are "bigger than he/she is," are "round," are "sticky."

   c. Association. Establish associations by describing objects and situations in relationship to each other, such as "In winter it's cold." Have the child match related pictures--ambulance/hospital, stove/pots, light bulb/lamp.

   d. Verbal problem-solving skills. Arrange verbal problems that the child has to think about and determine a logical solution--Have a tea party with insufficient napkins for the dolls, and ask the child what we can do. Show the child a piece of paper that's ripped, and ask how it can be fixed. Tell the child the pig is lost in the forest, and ask what we can do. Ask questions that encourage associations--"Where does the car with the broken engine go?" "Who fixes it?"

2. Verbal memory/recall may be encouraged in the following ways:

    a. Talk about past/future events--"What did we do today?" "What made that loud noise down the street this morning?" "What's the special thing that's going to happen tomorrow?" "Do you remember when we went to the aquarium?" "What did we see?" "What did we do?"

    b. Have the child recall specific factual information from stories or retell stories.

3. Language specifics to teach. The following are examples of specific language concepts a child should know by school age:

    a. Descriptive terms. A child should recognize the meaning of such words as "funny," "dirty," "cold," "bumpy."

    b. Similarities and differences. Ask the child to touch/taste/look/lift/smell/listen to as many objects and events in the environment as possible. For example, have the child compare a chicken with dog, an empty pail with a full pail, the taste of a lemon and the taste of an apple, the difference between the sound of a bell and a horn.

    c. Opposites. Ask the child to respond with opposite words--ugly/pretty, old/new, up/down, man/lady.

    d. Rhyming. Teach the child the concept of rhyming words by completing sentences--"My big cat wears a ________________" (point to picture of a hat). Dr. Suess books and Sesame Street books teach this concept, as do some rap songs.

    e. "Feeling" words. Give the child the means to express feelings about particular events or to listen to other's expression of feeling--"Did Susie make you feel angry inside?" "Is that your favorite book?" "I'm proud because you use the potty." Introduce such concepts as happy, sad, lonely, frightened, gently. Help children feel good about themselves and have confidence in their abilities by using often some positive "feeling" words as you comment on their activities or abilities.

    f. Picture reading. Although visual perceptual skills and letter identification are important, the child's response to pictures is often crucial to reading development. This response includes the child's interest in the content of the picture and the child's ability to attend to the picture and to small detail and to analyze critically the relationships in the pictures. Sesame Street Magazine is an excellent source to develop these skills. A child should be able to look at a set of pictures and perform the following tasks:

- determine size ("Find the biggest one.")
- determine association ("Which picture goes with the train?") determine sequence ("Show me what happened next.")
- determine cause/effect ("Show me why the kitten was frightened.")
- determine subject/object relationships ("Show me 'boy splash baby splash boy.'")
- determine possession ("Show me whose hat this is.")
- determine location ("What does the girl have under her coat?")
- determine feeling ("Look at this boy. What happened to him?")
- determine relationships ("This is silly. Bears can't ride bikes.")
- determine ability to discriminate ("Which man has the axe?" ("Which boy is laughing?")

PHYSICAL ACTIVITIES. Movement experience time can be a natural time for the development of language skills. Children can choose the activities they wish to pursue, and they can be required to request assistance in pulling, pushing, and riding in and on toys. Movement time is also a natural opportunity for teaching such concepts as IN, OUT, ON, OFF, DOWN, UNDER, BEHIND, IN FRONT OF.

Movement activities should never mean turning the children loose on the playground. The paraeducator should participate fully with the children, listening to them and interacting. Include all children in movement activities, even if some are simply pushed or pulled in a wagon or cart. Children without physical handicaps might be involved in the physical therapy group of other children.

SAMPLE ACTIVITIES

1. Make a long obstacle course that goes around the room. Set it up so that children will go through large boxes, under tables, up and down sets of stairs, in and out of an inner tube, etc. Play "Follow the Leader." Choose one child to be the leader, and guide the child through the course. Have the other children follow the leader. Adults may have to help the children. The first few times the course is used emphasize the words UP and DOWN. Say "Go UP the stairs," "Get DOWN off the blocks." Help a child up on the blocks and encourage the child to say "DOWN" when getting down. When the children understand and are saying the words UP and DOWN, introduce the words IN and OUT.

2. Play music, and have the child walk around his/her own box. When the music stops, the paraeducator shouts "IN"; the children say "IN," and climb into the boxes. Play the music again, an say "Dance IN your box." The children remain in the boxes, dancing, while the music is played. When the music stops, shout "OUT," and the children climb out.

3. Place a picture on the chalk ledge. Say "See the girl running. Let's all run." Run in a circle, and have the children imitate you. Say "What are we doing?" Have an assistant answer "We are running" then ask individual children "What are you doing?" Point to the picture again, saying "What is the girl doing?" Repeat with all words.

MUSIC. Like art, music can be a vehicle for developing language and cognitive skills. Use songs that have meaning for the children. While you may wish to use familiar tunes of well-known songs, alter the lyrics to make them relevant and functional for the children. Replace difficult words with ones the children will understand. Wherever possible, include pictures and/or action cues to add meaning to the songs.

SAMPLE ACTIVITIES

1. Place instruments on a table, and ask each child to come up and name or point to the instrument he would like to play. As he takes the instrument, sing (to the tune of "The Bear Went Over the Mountain"):

"Johnny plays the guitar
Johnny plays the guitar
Johnny plays the guitar
and now we will sit down."

2. Use simple, familiar tunes, changing the lyrics to emphasize the words and concepts you are teaching--(to the tune of "The Bear Went Over the Mountain")

"Now I have a big ball (hold up ball)
Now I have a big ball
Now I have a big ball
Now (child's name) has the ball."

Give the ball to a child. Sing "Susie has a big ball..." or "What does Susie have?" Repeat with a small ball and with different objects. Familiar songs which can be adapted and simplified quickly to teach meaningful concepts and words are "Row, Row, Row Your Boat," "Are you Sleeping, Brother John," "I'm a Little Teapot," "Here We Go 'Round the Mulberry Bush," "Mary Had a Little Lamb."

STORY TIME. Story time is an interaction time and a fun time for teaching concepts. Never sit down and just read a book! Use puppets, stuffed animals, and other toys as props. Always include the children as part of the story. They will especially like stories about themselves and their activities. Story time groups should not exceed six children.

SAMPLE ACTIVITIES

1. Make up simple stories about classroom activities or recent field trips. Cut out felt figures to match the story. For example, "Remember yesterday when Tammy, Lizzy, and Pat (put three figures on the board) played outside in the swimming pool (put a blue circle on the board). Lizzy loved splashing in the water (put Lizzy on the pool). Pat carried the red pail," etc. Move the figures around as you tell the story. Have the children help you move the figures--say "Give this pail to Pat" or "Put Lizzy in the pool."

2. Move around the room as you tell and act out the following story:

> The man at the grocery store gave Brownie the dog a bag of bones to take to his family (put bones in a bag with a hole in the bottom and give it to the stuffed dog). Brownie was so happy that he jumped up and down. Then he ran home. (Shake the bag so that the bones drop out near each child.) When Brownie got home, he reached in the bag to get the bones. When he saw the bag was empty, he began to cry. He cried and cried: "Booo hooo, booo hooo, booo, hooo." He said, "I lost my bones; I lost my bones; who can help me find them?" (Go to each child.) "Do you have my bones? Brownie is so happy to have his bones back." Have the dog say, "Thank you, ______________________, to every child.

3. Hide six mittens (one mitten from each pair) in fairly obvious places around the room. Have the mates in a pile in your lap. Tell the following story:

> It's so cold outside that I need to wear my mittens. But I have lost one (pretend to cry; be dramatic). ____________________, please find me a mitten just like this one. (Hold up, the mitten. When the child finds the mate, praise him/her.) "Oh, thank you for finding my mitten."
>
> Repeat with each pair of mittens. Make up similar stories using pairs of shoes, socks or other matching objects.

CLASSROOM ENVIRONMENT

Working with 2 or 3 other participants discuss the three questions in this exercise. Be prepared to share your responses with the entire class.

1. Why is the classroom environment including the arrangement, schedule, routines, and materials important. List all of the reasons you can think of in the space below.

____

____

____

____

____

2. What are some of the other factors in the environment that encourage/enable children who have disabilities, or are at risk for other reasons, to learn and participate more actively in the program. List them in the space below.

____

____

____

____

____

3. Think about the program where you work, identify ways the instructional team can enhance the learning environment. List them below.

____

____

____

WORKING WITH FAMILIES

OVERVIEW

During the era when services were provided in institutions, children and youth with severe disabilities were often committed to large congregate care settings at birth, or when they became troublesome teenagers. Because there was little support in the community, this usually was the only viable alternative for families. Unfortunately, the institutions were residential in nature, so commitment meant that the person left his/her home and moved physically into another setting.

Almost everyone has experienced the move of a family member out of the home -- to college, to a job in another city, or when a marriage takes place. The phenomena that takes place is sometimes called, "closing the gap," as the family circle tends to become smaller in its daily activities. The person moving is not forgotten, but is no longer part of daily routines.

When a person with disabilities moved on a permanent basis to a large residential setting, the gap in the circle usually did close and, for all practical purposes, the person was no longer a part of family events.

Parents resented the fact that they had to obtain services for their children with disabilities through such a mechanism. In the 1950's and 1960's they began to band together and to develop and promote local community services so that their sons and daughters could remain at home.

Even in those more progressive days, however, families were often excluded from planning and implementing services for their children. Many staff and parents remember planning sessions held for children with disabilities while the family waited in another room for the results of the meeting.

The passage of P.L. 99-457 has had a significant impact on meeting the needs of families. The center of intervention services for infants and young children has become the family. And, because in many human services agencies and education settings paraeducators work directly with parent and other caregivers, they require an understanding of the importance of families in the lives of all children whether they have disabilities or not. It has taken a long time but people have come to realize that, no matter what staff come and go, families remain a significant part of a child's life.

In this module paraeducators working in home and center based programs will learn skills that will enable them to: 1) understand the value of family participation in planning and implementing education activities; 2) use methods that will support families and help them identify resources in the community that will meet their needs and address their concerns.

INSTRUCTIONAL OBJECTIVES

The paraeducator will be able to:

1) Discuss the varying definitions of "family" in the 1990's, including broad extended families, single-parent families, families which include significant others who may not be related by blood or marriage, families in which the grandparents carry out the traditional "parental" role, and all the other configurations, and write a definition of "family" today;

2) Describe and discuss the role of the family in an individual's life span;

3) Describe why it is important that the family take part in conceptualization, implementation and evaluation of the individual family service plan designed for their child;

4) Design activities that assist a family to participate and maintain an active role in achieving its preferred goals for the child.

5) Describe methods of assisting families to identify sources of support from within the family and in the community.

TIME REQUIRED TO PRESENT MATERIALS

This module will require from two to four hours to teach depending on the number of activities you select.

EQUIPMENT AND MATERIAL REQUIRED

In order to teach this module, you will need:

- A flipchart and easel, or a chalkboard.
- Copies of the Information Handouts and Exercises for each participant.
- The policies and procedures of your district or agency concerned with active parent involvement in developing the IFSP and/or IEP.

BEFORE THE TRAINING SESSION

- Read the background material and information handouts in this module thoroughly. Compare the information with other material you have read and with your own life experiences. If your school or agency has policies or regulations that apply to the roles of paraeducators working with families, obtain copies.

- Review the suggested activities and exercises and select those you feel will meet the needs of the participants.

- Prepare a short lecture on the material which includes references to any school or agency policies or procedures that apply. It is a good idea to include your own experiences in the lecture; these anecdotes make the lesson come alive for those who are listening.

- Make copies of the handouts and exercises.

- Write the definition of "family" from the text (See Page 1 of the Background Material) on the flipchart or chalkboard.

DURING THE SESSION

¶ Begin the session by reviewing the material included in the overview of the module. Remind trainees that it wasn't so long ago that children, and adults with disabilities often spent their lives in institutions. Invite class discussion and questions as you proceed. Ask class members if they have personal anecdotes to relate about their family's experiences with family members with disabilities.

¶ Use the definition of "family" written on the flipchart or chalkboard to guide the discussion. Invite the class to participate actively in developing their own definition. The discussion should make the point that "family" is difficult to define because there are so many configurations.

¶ Continue with the discussion using the material from the section called, "Defining a Family." After you have briefly described the numbers and kinds of possibilities there are for "families," hand out Exercise #1. Explain that it is not meant to be a sensitivity exercise, so class members may describe another family than their own. Go over the instructions with them and allow 15 to 20 minutes for completion.

¶ Once the drawings are completed, suggest that class members explain their drawings to other class members. People usually like this exercise and have a lot to say, so allow twenty minutes.

¶ Distribute and review Information Handout #1, Historical Perspectives of the Role of Parents. When the review is completed, divide the participants into groups of four or five. Distribute a copy of one of the Role Play Situations found in Exercise #2 to each group. Give the groups about 10-15 minutes to develop a scenario/script based on the situation assigned to them.

¶ Reconvene the groups. Starting with the group whose Role Play is set in 1954, ask the individual groups to act out their scenarios. Ask the other participants to observe and comment on the situation.

¶ Continue with the discussion, using the material from the section in the Background Information entitled, "Roles of the Family," and Handout #2 "Tips for Gathering Information from Parents." It is important to emphasize that family roles change as children grow and develop, but that in most instances, the family remains an important part of the individual support system.

¶ Distribute Exercise #3. It is possible for class members to have a little fun with this exercise as they write down all the roles parents may play; be sure that the lists are complete. In the second section, again be sure that the trainees are inclusive of all the possible roles. Allow 15 minutes for completion of the exercise. Then, invite trainees to share their lists with the whole class.

¶ Introduce the idea of total family involvement in the conceptualization, implementation and evaluation of the different individualized plans. Again, emphasize the critical part the family plays in a child or youth's development and the utmost importance of their being a part of all planning and evaluation.

¶ Distribute Exercise #4 "Samantha's Story." Divide the class into groups of six. Ask the groups to read the Case Study and to discuss and answer the questions on the Worksheet that is part of this exercise.

¶ Exercises 5, 6, 7 are designed to emphasize the importance of the components of conceptualization, implementation and evaluation. (The "Special Questions" are designed to stimulate further discussion. You may have them answered and discussed by the small groups or you may want to ask the whole group to respond.) You may use these exercises in either of two ways. 1) You may want to split the class into three groups and give each one an exercise to complete. If you use this method, ask each group to be very thorough. Allow about thirty-five minutes for task completion and report backs; or 2) You may want to split the group into three-to-four-person work groups and ask each group to complete all three exercises. If you have the time, this second suggestion is preferable as it allows each class member to look at all three components. If you choose this method, allow forty-five to fifty minutes for task completion and report backs.

¶ Ask the participants to work together as a team to gather information about 1) advocacy organizations concerned with increasing the skills of parents to serve as advocates for their children and improving the availability and quality of services for children and adults with special needs; 2) mutual self-help support groups for parents and other caregivers who have children with a specific disability and 3) social service health care, education and other provider systems that offer services for families. They may want to visit some of the agencies to interview staff and gather information or they may want to call or write to ask for information about the nature of the of the services the agency provides, who they serve, the cost of the services, etc. When the project is complete, ask the members of the class to share the information they have accumulated with one another, and then make individual resource files to use on-the-job.

¶ Invite a panel of parents who have children with disabilities to attend a class session to share their experiences and insights with the participants. Among the various pieces of information you may want to ask them to share are the characteristics of effective home visitors and early childhood paraeducators they value(d) the most.

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WORKING WITH FAMILIES

DEFINING A "FAMILY." Families come in many sizes and shapes. When an individual says the word, "family", the image for each listener assumes a different configuration. There was a time when everybody knew what a "family" was -- mother, father, sister, brother, with grandparents and aunts and uncles living close by. When any family member needed help, there were people close enough to respond.

When the American West was settled, some of the images of families began to change. The pioneers who traveled west in covered wagons usually left their families behind. A small unit, consisting of a male and a female adult and possibly some children, gathered itself together and headed for the frontier, where they lived alone and unsupported by the larger family. Even so, the definition of "family" remained relatively stable until the last thirty years during which considerable changes have occurred.

A high divorce rate in the United States has, of course, made a difference in family configuration. With marriage, divorce and remarriage, some children have full brothers and sisters, half brothers and sisters and step brothers and sisters. In other cases, the divorce means that children are being reared in a single-parent home.

Society no longer insists that parents must be married, so that the traditional value of husband and wife is changing and people are coming to see that loving parents need not be married. As society has become more mobile, grandparents, aunts and uncles often live far away. Instead of being an integral part of the family, their participation is limited to five or six days a year in a relatively restricted format.

For the purposes of this module, a working definition of "family" is presented.

- A family is two or more individuals who may or may not share blood ties or be related by marriage, who share similar values and attitudes. Adult members of this group take responsibility for the children living with them by providing for education, values training, shelter, clothing and food. The individuals in the group see themselves as united in their goals and aspirations.

(This definition includes adolescents, who may have times when they actively reject all of the above, but who usually remain a part of the family group.)

THE ROLES OF THE FAMILY. For many people, there is no more satisfying feeling than that of being part of a family. Taking part in activities with people who know one, "warts and all," is generally supportive and relaxing. Even though many families have moments of disagreement when crises occur, they pull together to cope with whichever of life's events is currently challenging.

The birth of a child who is identified as having disabilities presents a crisis for many families. Throughout a pregnancy, family members often envision a "perfect" child. The knowledge that the newborn has disabilities which may prevent him/her from participating fully in life is sobering and often frightening. In many cases, it is the first time that such a challenge has occurred to that particular family.

The family plays an important role in the early years of any child with disabilities. It is usually left to parents to discover community services, to find appropriate educational settings and to discover ways and means to pay for requisite equipment and medical interventions. P.L. 99-457 mandates early services to youngsters with disabilities, but parents or other family members need to learn about its provisions and to make contact with school personnel.

As services are developed for young children, the family plays an important role. Although it may be possible for a school representative, teacher or paraeducator to provide regular visitations to the home, it is not possible for either to be there all the time. Therefore, it is necessary to assist family members in learning how to respond to the needs of the child and how to carry out interventions that will support the infant or toddler as s/he grows.

Through the years, the family will continue to be the mainstay for the child. When services falter, or additional crises manifest themselves, the family remains the primary resource. Indeed, in the adolescent years, as with other teenagers, the family may be the only group which remains firmly in the individual's corner.

The design of community services in America predicates a series of events that may not be well coordinated. The public school system has primary responsibility for an individual until s/he attains an age of majority. Then, the responsibility is usually shifted to a community agency which may have waiting lists. Throughout, most families must be assertive in their search for appropriate services and settings for their family member and they must continue to provide emotional and other support.

CONCEPTUALIZATION, IMPLEMENTATION AND EVALUATION OF THE INDIVIDUAL PROGRAM PLAN. Each of us think of ourselves as individuals, with individual rights and responsibilities. Most of us, however, are also part of a family system which, as was discussed above, plays an important role in the life of the person.

For many years, individual planning for children and youth was carried out by teachers, paraeducators and other education human services and medical personnel without much regard for the views of other family members. It was assumed that whatever plan was developed, the family would agree and would participate as directed. Such an assumption seems pretty silly, but, for whatever reasons, it was made over a period of years. In the 1990's, teachers, parapractitioners, and other service providers are aware that the family must be a part of the whole planning process. That means that they must take part in the conceptualization, implementation and evaluation of the planning.

When the family participates in planning meetings, it will come with information about the child that cannot be obtained anywhere else. It can be blended with the educational information obtained by the schools and other provider agencies in order to form a complete picture of the child. For example, one paraeducator who was accustomed to helping four-year-old Susan eat by feeding her at each meal, was amazed to learn from her mother that Susan regularly fed herself at home and, according to her parent, was "only a little sloppy" in doing so. This example is fairly obvious, but there often are activities that occur one place and not the other.

As the individual family service plan is developed, it is necessary that it fit with family priorities and plans. The most complex educational activities can be written, but unless they meet the needs of the family and are supported by the family in the home, they often come to nothing. A family will support what it sees as important; if the activity seems pointless to family members, it will not be reinforced or carried out at home. Therefore, the family needs to be part of the conceptualization of the planning and they need to be given opportunities to state their priorities and needs before the plan is written.

As implementation of the plan occurs, it has a better chance of being effective, if the family is involved. Any activities designed to help the child develop and attain new skills will be more effective if they are implemented at home as well as at school, and if they are reinforced in both places. As was stated above, it is not possible for teacher or parapractitioner to be in the home all the time, so when the family assists in implementation, the plan will be more successful.

The last component of the process, evaluation, should also be carried out by families. Successful teachers and parapractitioners recognize that informal evaluation is taking place all the time. When asked, family members usually have a pretty good idea of what is going on in the educational program and they have decided opinions on its success or failure. Ensuring that the family is part of the formal evaluation process adds to the effectiveness of evaluation. Parents and brothers and sisters can be asked to note certain growth points and they can monitor skill acquisition. In addition, they can provide information that will let the educational staff know whether the planned activities are assisting the child or youth to participate more fully in community activities.

AN ACTIVE ROLE. The family is an integral part of the life of any child or youth. As the youngster grows, the family will change its support for him/her to reflect skill acquisition and maturity, but it remains as a primary source of encouragement, support and assistance. Although it may be tempting to assume that a teacher or paraeducator has more information about the special needs of a child with disabilities, each should remember that the family probably has much of the most significant information and that family members will be a part of the individual's support system for a long time. They should be an active part of the planning, implementation and evaluation team as well.

HISTORICAL PERSPECTIVES OF THE ROLE OF PARENTS*

Professionals, other agency staff, and community members have frequently expected parents to assume the roles outlined below. These roles did not develop strictly within these time frames, but they do indicate in relative chronological order when these roles become significant.

PARENTS AS THE PROBLEM SOURCE (1880-1930). The eugenics movement, which advocated "improvement" of human beings through selective breeding, was based on several so-called scientific studies, including Goddard's 1912 study of the Kallikaks. Barr's research in 1913 asserted that heredity was the cause of mental retardation. As a result, laws restricted the marriage of people with intellectual disabilities and required sterilization, and the rate of placements in institutions increased dramatically. And in some cases professionals identified the personalities of parents or their practices in rearing children as the cause of their children's problems. For example, Dr. Bruno Bettleheim, a well-known researcher and popularizer, observed that children with autism had "refrigerator parents."

The actions of parents, or genetic heritage, in fact do cause some conditions, i.e. cystic fibrosis is inherited, fetal alcohol syndrome can be traced directly to the mother's abuse of alcohol, and malnutrition can result in mild mental retardation. However, it is also true that some children live through harsh environments relatively unscathed, and that other children, experiencing less severe conditions, fail to thrive and experience developmental delays.

Because of research findings supporting causation theories, many parents have a profound sense of guilt. Parental guilt, producing low self-esteem and lack of trust, may affect the working relationship between parents, professionals, and paraeducators. Those of us in the helping services need to keep in mind that parents do the best they can in the face of their complex responsibilities and that part of our responsibility lies in exploding the myths which have grown around the notion that parents are the problem.

PARENTS AS ORGANIZATION MEMBERS (1940-1965). The inadequate response of the public schools to their children's needs and the need of parents for support led to the formation of first local and then national organizations. In 1950 the National Association of Parents and Friends of Mentally Retarded Children (now the Association for Retarded Citizens) was established and has since been instrumental in developing legislation connected with improving the quality of service delivery systems, encouraging research in mental retardation, influencing public policy and increasing opportunities for independent living. By 1964 membership had increased to 100,000, and ARC worked hard to have Congress pass Supplemental Security Income, Title XX Social Services, and the landmark Education of all Handicapped Children Act in 1975 (P.L. 94-142).

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*Adapted from Turnbull, Ann, & Turnbull, H. Rutherford, III. (1990) "Families, Professionals, and Exceptionality: A Special Partnership." 2nd Edition. Columbus, OH: Merrill Publishing Co.

Organizations concerned with increasing the availability of services for children and adults with other disabilities were also started during this period, including: 1) United Cerebral Palsy (1949); 2) National Society for Autistic Children (1961); 3) National Association for Down Syndrome (1961); 4) Association for Children With Learning Disabilities (1964) and 5) Federation of Families for Children's Mental Health (1988).

Many parents feel that these organizations are helpful and are willing to participate. However, a report by the President's Commission on Mental Retardation (1977) revealed that most members of such organizations are white, middle-class parents. Not every parent has the time or resources to enable him/her to volunteer time to an organization, especially if the parent perceives that the organization should be assisting the family, not vice-versa.

PARENTS AS SERVICE DEVELOPERS (1955-1965). When public schools did not welcome children with disabilities, parents often sought funds from charitable groups and service organizations, located facilities in churches and community centers and developed their own special education programs outside the public school system. Parents were teachers, trainers and administrators, or they raised public and professional awareness. Although this role was important at one time in meeting the needs of individuals with disabilities, parents could not assume these responsibilities perpetually. These efforts required an incredible amount of volunteer time, and parents' efforts are more profitably spent in collaborating with professionals and paraeducators to create appropriate opportunities and in increasing public awareness and interest.

PARENTS AS RECIPIENTS OF PROFESSIONAL DECISIONS (1950-1975). When public schools assumed responsibility for educating students with mild disabilities, school personnel viewed the parents' role as a passive one, that parents should accept professional decisions in placement and programming and do what they could to support those decisions at home. Although progress has been made, some professionals still operate in this way. They may follow the letter of the law, but they do not value and encourage parent participation.

PARENTS AND LEARNERS AND TEACHERS (1960-1985). When the environment was recognized as an important factor in a child's development, parent training was developed, targeting especially low-income families in such programs as Head Start. The parent-as-teacher approach was then generalized to parents of children with disabilities. Parents (actually mothers, rather than fathers or other family members) were to be trained before they could teach their children, and research studies supported the positive effect of the parent-teacher. Professionals believed not only that trained parents could be good teachers but that they should be assuming this role, even teaching formal lessons to their children. Professionals developed high expectations in the form of training competencies, and these performance standards were quite comparable to professional and paraprofessional standards. When parents did not meet these expectations, they often felt guilty. Moreover, participation rates in training programs began to decline in the 1980's, reflecting the increased demands on single-parent and two-income families. Training programs now often recognize the need to involve all members of the family.

PARENTS AS POLITICAL ADVOCATES (1965-present). The stable and powerful role of organized parent groups in developing services for individuals with disabilities is clear in the legislation passed by Congress and the states since the 1970's. This successful collaboration of cross-disability groups, of parents and professionals, did not occur overnight. In 1972 the Pennsylvania ARC sued the state to obtain a free appropriate education for children with mental retardation, and similar suits were successful in many states in the country. Together parents and professionals were instrumental in congressional passage of P.L. 94-142 in 1975 and P.L. 99-457 and IDEA. Parents have also been the primary advocate for improving treatment standards in institutions, services to enhance community life, appropriate funding, training (including related services personnel), and research.

PARENTS AS EDUCATIONAL DECISION MAKERS (1975-present). P.L. 94-142 returned a traditional role to parents, that of the decision maker in the educational issues involving their youngsters, a role that had all but disappeared in the previous 15 years. No longer were parents passive recipients of professional decisions concerning their children. As with their roles in developing services, advocacy, and teaching, many parents embraced this responsibility, but not all. Parents sometimes do not understand their rights to determine their child's educational program, and professionals and paraeducators may be able to assist them in these procedures. But parents have needs too, and expecting them to fulfill all the roles outlined here sometimes ignores their personal needs.

PARENTS AS FAMILY MEMBERS (present). Parents are members of the family, as are the children, and have individual needs. The needs and aspirations of each member affect the dynamics of the family as a whole, and the experience or expectation of one member affects all the members. This interaction, these family dynamics, may be viewed as a social system. Therefore, practitioners who work with families must be aware that no one individual in the family is the center of that family's universe. Four components are important in working successfully with families--their characteristics, their interactions, the way they function to meet needs,and their life cycle, including changes which affect family life. Professionals and paraeducators will be much more successful in meeting the needs of families when they acknowledge the diverse interests alive and kicking in each family, unique as each one is.

TIPS FOR GATHERING USEFUL INFORMATION FROM PARENTS

In many early intervention/childhood programs paraeducators work alongside their professional partners and assist with gathering information that will enable IFSP/IEP team members to interact effectively with parents, identify the family's goals for the child, and determine what support services or assistance parents require to achieve these goals. While formal evaluation procedures may be used to gather information, it is usually acquired through informal meetings with parents designed to encourage them to participate fully in planning and implementing their child's program.

Information early childhood practitioners seek is often viewed by the family as highly personal and private. The interviewer should be clear about the reason for the meeting, why the information is needed, and how it will be used. Irrelevant issues should be avoided, and the family should know that all material discussed is confidential. The informal nature of the meeting will be reinforced if the interviewer thinks of the meeting less as an interview and more as a discussion or conversation. The interviewer must be alert to the many threads in a conversation and be sure to follow up appropriately.

The following are guidelines that will help early childhood paraeducators encourage full participation of family members.

ARRANGING A MEETING

1. At the time the discussion is scheduled, the interviewer should state clearly the purpose of the visit and arrange it in a setting familiar to the family, if at all possible.

2. The interviewer encourages the family to invite all close family members and any significant others to participate in the interview.

3. The interviewer should create a positive and non-threatening atmosphere by reassuring the family that the goal is to help them identify their needs and find and take advantage of resource for meeting their needs.

Some of the material in this handout was adapted from: 1) Dunst, C.J., Tribette, C.M. and Deal, A.G. (1988). "Enabling and Empowering Families." Cambridge, MA; Brookline Books; and 2) Turnbull, A.P. & Turnbull H.R. (1990). "Families, Professionals and Exceptionalities: A Special Partnership." Columbus: Merrill Publishing Co.

ESTABLISHING RAPPORT

1. The interviewer should learn the name of each person present, including all children, and understand the relationships within the family.

2. The interviewer should acknowledge each person's presence, thanking each for attending.

3. The interviewer chats briefly with each person, showing interest in what each has to share.

4. The interviewer should explain the purpose for gathering, information and reinforce the point that the meeting establishes the family's own agenda.

CLARIFYING NEEDS

1. The interviewer should encourage the family to simply "tell its story."

2. The interviewer should encourage each member to relate his/her concerns and aspirations and to make a statement about how the family typically addresses its needs.

3. The interviewer should make written or mental notes so that each need the family describes can be addressed.

4. The interviewer should clarify concerns by reflecting on what is said, rephrasing statements, and asking for explanation or more detail.

BEING A RESPONSIVE AND ACTIVE LISTENER

1. The interviewer should be sensitive and responsive clearly and concisely to verbal and non-verbal cues and messages from all family members.

2. The interviewer should listen actively by responding to and reflecting back what is heard.

3. The interviewer should use open-ended questions, leading statements, and requests for clarification to get information and demonstrate concerns.

4. The interviewer should obtain the family's suggestions and opinions, stating them as positively as possible, before offering his/her own suggestions.

5. The interviewer should ask questions relevant to developing services for the child without prying into irrelevant family matters.

6. The interviewer should assist the family in using their strengths to determine the members appropriate resource.

The following items contain suggestions about information required for planning and implementing an IFSP/IEP.

FAMILY CHARACTERISTICS

- ✓ Name and ages of immediate family and ages of siblings
- ✓ Role of extended family members in connection with the child with a disability
- ✓ Any issue needing to be addressed about the nature of the child's disability
- ✓ Role of stepparents in the care and education of the child
- ✓ Any recent changes (jobs, deaths) in the family that may affect the child
- ✓ Any family members who have exceptional needs
- ✓ The way in which work outside the home influences involvement with the child's educational program
- ✓ Any special ethnic traditions which should be included in the child's program
- ✓ Family members/friends available to help the child with homework
- ✓ How professionals in the past have been most/least helpful to the child and family
- ✓ Beliefs about the most important things parents/schools should teach their children
- ✓ How parents feel about self/child advocacy and working with professionals

FAMILY INTERACTIONS

- ✓ Most and least enjoyable aspects of interacting with the child for different family members-parents, brothers and sisters, extended family
- ✓ Interests and activities of family members
- ✓ Kinds of decisions the child with a disability makes and ways in which his/her decision making might be expanded
- ✓ The family's general daily or weekly schedule

FAMILY FUNCTIONS

- ✓ Ways chores are divided and the child's responsibilities for chores
- ✓ The nature of the family's past involvement in the child's educational program
- ✓ The way homework or special programs are carried out at home
- ✓ What the family does for fun

✓ The community activities in which the family, or a member of the family is

involved
✓ The characteristics of each member that give the family the most pride

FAMILY LIFE CYCLE

✓ How the family first became aware of the child's disability
✓ The most difficult and the most enjoyable times the family has had with the child
✓ The family's short- and long-term goals for the child and for other members
✓ Hopes for the child's life 5 years from now and 10 years from now
✓ Biggest worries and greatest dreams about the future
✓ Planning for the future

HOME/SCHOOL COMMUNICATION

✓ Type of information to be shared between home and school
✓ Frequency of sharing information
✓ Means of sharing information

EXERCISE #1

DIRECTIONS: Draw enough circles, in any pattern you choose, in the space below that will enable you to describe the members of your family. Label the circles with the names of family members. Be sure to include all the people that were or are an integral part of your family unit. They may include, but are not limited to: mother, father, brothers, sisters, children, and other significant individuals.

After you have labeled the circles, do the following:

- Draw a line that looks like this ________________ to connect the circles where active communication takes or took place on a regular basis.
- Draw a line that looks like this - - - - - - - - - to connect the circles where love or affection is or was strong.

After you have completed your drawing, use it to describe your family to another class member.

**NOTE: This is not a sensitivity exercise. If you prefer to describe another family that you know instead of your own, that is perfectly alright.

EXERCISE #2
ROLE PLAYS
Page 1 of 3

Situation 1

Characters: Mother and Father of 4-year-old child with autism
Mother's mother
Psychologist

Historical Period: Parents as Problem Source

Date: 1954

Setting: Psychologist's Office

Situation: Psychologist has tested the child and has made a diagnosis of autism. The parents, grandmother, psychologist are discussing the family's future plans for the child.

Situation 2

Characters: Special Education Teacher, who is membership chair of the local ARC (Association for Retarded Citizens). Parent, who is president of the local ARC, Mother of 3-year-old child with Down Syndrome.

Historical Period: Parents as Organization Members

Date: 1968

Setting: Parent's home

Situation: ARC members are encouraging the mother of the child with Down Syndrome to join ARC. The mother doesn't see the value of joining and is more interested in finding a school for her child so that she can go to work.

Situation 3

Characters: Mr. & Mrs. Jones, parents of a 7-year-old child with cerebral palsy (child uses a wheelchair and cannot feed herself)
Mr. & Mrs. Smith, parents of a 12-year-old child, who is blind and has intellectual disabilities
Mrs. Owens, parent of a 5-year-old child with Trisomy 21, who is unable to speak clearly.

Historical Period: Parents as Service Developers

Date: 1960

Setting: Church Meeting Room

Situation: All parents want a program for their children and are discussing plans for starting a class. They discuss the following topics--funding, program, location, recruiting other parents, etc.

Situation 4

Characters: Mother
Son, age 10
School Principal

Historical Period: Parents as Recipients of Professional Decisions

Date: 1965

Setting: Principal's Office

Situation: The son tells the mother that he now has to go to the special education class and doesn't like being in there, away from his friends. The mother stops by to ask the principal why this placement is necessary.

Situation 5

Characters: Director of State Association for Retarded Citizens (ARC)

Mother of child, age 12, with moderate intellectual impairment who is enrolled in a segregated special school; mother fears losing services for her child
Mother of child, age 6 with severe learning disabilities

Historical Period: Parents as Political Advocates

Date: 1985

Setting: Local ARC meeting

Situation: ARC president is organizing parents to file a suit against the school district for services for all children in the least restrictive setting.

Situation 6

Characters: Mother who works full-time and has three children, one a 3-year-old with cerebral and intellectual impairments

Historical Period: Parents as Learners and Teachers

Date: 1988

Situation: The home visitor is teaching the mother to teach the child with intellectual impairments to put pegs in a board. The trainer is also teaching the mother to record the lessons accurately, including the child's responses and percentage of accuracy. The mother is trying to understand and do as she is told, but she is distracted by her children who are trying to get her attention.

Situation 7

Characters: Mother of 6-year-old child who has some developmental delay and whose behavior is unruly in school
Friend of mother
Special Education coordinator
Elementary special education teacher
Speech therapist
School principal

Historical Period: Parents as Educational Decision Makers

Date: 1990

Setting: Principal's Office

Situation: The parent is attending an IEP meeting, where school personnel have already completed the IEP and have scheduled a 15-minute meeting to have the mother sign the form. The mother wants to do what is best for her child, but she is unsophisticated and is overwhelmed by the professionals.

EXERCISE #3

DIRECTIONS: There are many roles played by parents in family settings. Below, list as many as you can think of. These might include, nurturer, meal planner, bus driver, housekeeper, and so on and on.

Roles Played by Mother

Roles Played by Father

DIRECTIONS: What other roles do you think would be assumed by parents of a child with a disability? List them below. What additional roles do you think would be assumed by brothers and sisters?

Parent Roles

Sibling Roles

SAMANTHA'S STORY

(This exercise is based on an interview with "Sam's" mother, Janet Stevens. The authors of this curriculum wish to thank Ms. Stevens for sharing Samantha's story.)

My daughter's name is Samantha Stevens. She's nine years old. She has retrolental fibroplasia, an abnormal growth of the blood vessels in her eyes. She is blind; she has cerebral palsy; she also has a hearing impairment; and, supposedly, she has mental retardation. I hate listing her disabilities because it's demeaning. I think of her as very able.

I was thirty years old when she was born, so I was overjoyed. Later, when the doctors told me that Sam would die, I was just grateful that she kept on breathing. Sam was home with me by the time I learned she was blind. The other problems I learned about gradually. By then I was madly in love with my new baby and knew I could take care of her.

Until Samantha was born, no one in our family had ever had a child who has a severe disability. When she was born, she was really premature and they said she'd be a "vegetable." My mother called me and said, "She's blind, you're gonna have to put her in a home, you won't be able to take care of her." Grandma, who is 89, said, "Oh, hogwash! All you gotta do is keep one end fed and the other end dry and she'll grow up just like everybody else." My dad had a lot of trouble when Sam was real little. He was afraid of her. He thought she was like an egg that would break any minute. He wouldn't talk to her, and he just kind of stayed away.

One of my brothers-in-law was afraid to even look at her. He seemed to think she was going to look like a little green Martian or something. He wouldn't look at any of the pictures we brought home of her. When Samantha came home from the hospital I stuck her in his face, and you could tell he was scared to death. He just looked at her and said, "Well, she looks just like a baby." That was funny because he was so afraid, hoping the whole time she would die because he thought she must be a horrible sight to look at. And when he saw her, he thought she was just adorable. So, she won his heart right away.

Then my mom and dad came to visit and mom said "She's a pretty little thing, there's nothing wrong with her. She's fine!" Every weekend we would go to Grandma's house. Grandma would play with Sam. They'd play patty-cake, talk to her and play with her. So Samantha always had a lot of people who loved her and gave her a lot of attention, but most of our family was really afraid of all her disabilities.

Her father was gone before Sam was even born. That was a big concern for my family, "How are you going to raise this baby alone, with all these disabilities?" They all said, "You can't do it," which made me more bull-headed. But, it hasn't been hard at all. It's been easy for us, I guess because we have a big extended family and everybody pitched in and got concerned. I have a lot of nieces and nephews, and for a while Sam was the baby niece. Everybody was really competitive like, "I'm gonna teach her to clap her hands." Grandma taught her to patty-cake, and I think that's where she took off. One nephew would say, "I want to teach her to talk," and another niece would say, "I'm gonna teach her sign language." So they were all real competitive over who could teach Samantha the most all the time she was growing up.

Sam's pretty restricted in her ability to communicate. Now she can communicate verbally, but she couldn't talk until she was five-and-a-half. She was really dependent on our homemade communication system when she was smaller.

I know a little bit of sign. I did try to teach Sam to sign when she was a baby, but, at that time, she was very tacitly defensive. She didn't want to be touched and she didn't want to sign. But, when Sam was about five or so we started in again trying to sign, and it was amazing. In about ten minutes, she learned about ten signs and learned to say the words. She signed for a little while and then all of a sudden she realized what talking was all about and she just started talking. So now she refuses to sign, which makes me a little nervous' cause she's had a lot of ear problems off and on, and I worry about her losing her hearing someday. But she refuses to sign right now, so we're trying to work on Braille so she'll have some form of communication.

Samantha goes to an elementary school in Little Rock. She's in a special education classroom part of the day, and integrated into regular classrooms for things like art, music, lunch and everything that's not academic. And she does real well.

At a recent conference, her teacher said that Sam's a real self-centered child because of not being able to see and being in a chair. She just expects the world to come to her, so that was one thing her teacher said she'd like to see us work on, trying to get Sam more curious about what's going on around her. But Sam's really good at telling you what she wants to do, when she needs to do it. She loves the kids in her regular class and some of them are wonderful with her.

Samantha walks with assistance, so that opens things up for her. But the church she goes to is not accessible to a person in a chair. In fact, where we live, up in Fulton County, there is very little that is accessible . . . I guess all around the state things are that way. They say things are accessible, but really don't do the research they need to make things accessible.

I always encourage the neighborhood kids to come over and play on the trampoline with her, and in the kiddie pool. I think it's really good for Samantha to be around kids who don't have disabilities. And I think it's really good for the other kids. It teaches them something about kids who have disabilities. In spite of her disabilities most people seem to think of Samantha as a really typical nine year-old brat.

Samantha takes piano lessons and her teacher is visually impaired, so that's really interesting . . . the teacher will say, "Samantha, are you sitting up straight?," and she'll feel Samantha, and Samantha will feel the teacher's face, and they just have a great time with each other . . . the teacher and Samantha lock horns a lot, but they both enjoy it.

Sam loves to go to Camp Aldersgate. They go bowling and swimming. She also loves going to amusement parks. We've been to Disney World. Sam likes to go on wild rides--the wilder, the better. I get sick, so I always try to get some other kid to go with us so they can go on the wild rides.

I think it's really interesting how my dad has changed. Gradually he's become more aware of how capable people with disabilities can be. He sees Sam making progress in school and living just like other kids, doing all the things other kids do. Now he torments her just like all his other grandchildren.

Samantha has had an impact on a lot of people . . . one of my sisters . . . works in a school program with severely disabled kids. Another sister works for Beloit College in Wisconsin, and the school has asked her to get them information on how they can become fully accessible to students with disabilities. One of my nieces works in an apartment with two young men who have disabilities. She's their aide for eight hours a day . . . she takes them grocery shopping and to the park and teaches them socialization skills. Another niece works for Special Olympics. She's made new careers for several people, including me. I'm going to get a degree in Special Education from the University of Arkansas at Little Rock. Everyone in our family wrote and called their Congressmen to support the Americans with Disabilities Act. In our family, there are twenty-one people now who are really aware of disabilities!

The thing that bugs me the most is so many parents say, "Oh, the doctors told me this child is going to be horrible and you'd better put him in an institution." It's so discouraging to parents. I wish they would stop it and say, "Okay, so the kid's visually impaired, you need to contact these people--they can help," or "This kid's hearing im-

paired, so you need to contact these people." I wish the doctors would try to understand that parents love their children who have disabilities just as much as their non-disabled children. Instead of being so negative, they could say, "This kid is going to have problems, but you can do things to help."

Sam's always been able to get out and go where she wants to go. That's the thing that scares me. What's going to happen when she's an adult and finds all these doors closed that have always been open to her? Who's going to walk her around when she's thirty? She probably going to be in that chair at least part of the time and won't be able to get into some places and I know she's going to be frustrated. I hope I can make her a strong enough advocate for herself now that she'll always have a big enough mouth and go after what she wants.

EXERCISE #4
WORKSHEET

SAMANTHA'S STORY

A. Samantha's family is a strong one. List their strengths.

1.
2.
3.
4.
5.
6.

B. Samantha is taking control of her own life. How has the family helped?

1.
2.
3.
4.
5.
6.

C. Using the descriptions in the Case Study as a base, make suggestions on how Sam's family can continue to help her develop autonomy as she matures and enters different phases of her life.

EXERCISE #5

DIRECTIONS: This is a time for problem-solving. Working with a group of three or four people, build a list of suggestions for ways in which the paraeducator can work with a family to ensure that they are actively involved in conceptualizing a services plan for a child or youth. Be sure to include: 1) means of interaction, 2) places to meet, 3) strategies to include the family priorities, and 4) tips on ways to ensure that the ideas of all family members are heard.

Special Question: If the parents of a child are divorced, but both are actively involved with the child, what strategies would you use to ensure participation and input from both parents?

EXERCISE #6

DIRECTIONS: Working with the same group of people, list ways below to ensure that family members are involved in implementation of the individualized plan for a child. Include some specific activities as illustrations of your strategies.

Special Question: If the primary person in the life of a child is a family member other than the parents, how would you change strategies to ensure cooperative implementation of the plan? For example, the primary person may be a grandparent or an older brother or sister.

EXERCISE #7

DIRECTIONS: Working with your group again, outline below strategies for ensuring that family members are a part of the evaluation process. Remember that there is informal evaluation as well as formal evaluative methods.

Special Question: How can the paraeducator work with a family to be sure that the positive characteristics of the child with disabilities are highlighted? Sometimes, it is easy to focus on the needs of an individual rather than to emphasize the positive skills and characteristics.

APPRECIATING DIVERSITY

OVERVIEW

For a good many years, Americans liked to describe themselves as a "melting pot." It was assumed that each of us would lose our individual ethnic or social identities and that we would "melt" and all our neighbors would be like us. Pretty boring. Over the last decade people have begun to recognize that the United States is a "salad bowl." While all of us retain our own unique identity, we also contribute in our own way to the mosaic that makes up the United States. It is true that there are many kinds of us - we are:

- People of Asian descent,
- People of African descent,
- People who are Caucasian,
- People who are Native American,
- People whose primary language is English,
- People whose primary language is Spanish,
- People whose primary language is other than English or Spanish,
- People in one-parent families,
- People in two-parent families,
- People in extended families,
- People who are Jewish,
- People who are Catholic or Protestant,
- People who are Moslem,
- People who are men,
- People who are women,
- People who are young,
- People who are old,
- People with disabilities,
- People who have lived in one house all their lives,
- People who move yearly.

The list goes on and on. Each of us can probably identify with one or more of the categories listed above. If not, we can probably think of other descriptions that fit us more precisely. We are not alike - truly, we are a salad bowl - the mix is what makes our country great and exciting.

We have the opportunity to appreciate one another or to demonstrate our prejudices toward one another. It is important to teach children and youth to appreciate diversity and to be aware of and proud of their own unique identities. To do this each of us must be aware of the personal biases and prejudices we bring to the workplace. Because these attitudes are so deeply ingrained in us, it is very difficult for us to recognize them and to change the behaviors - whether subtle or overt - that are generated by them.

The goal of this module is to help participants to begin to explore their own value systems and attitudes toward people and to try to change the behaviors that may prevent students from appreciating differences in lifestyle, culture and value systems.

INSTRUCTIONAL OBJECTIVES

The paraeducator will be able to:

1) Describe and discuss differences in lifestyle, culture, values and distinctions in the abilities of children and youth in the classroom or program where they work.

2) Describe and discuss ways in which each child or youth makes positive contributions.

3) Develop strategies to increase self-esteem and autonomy in the children and youth they work with.

TIME REQUIRED TO PRESENT MATERIAL

This module will require approximately three hours to conduct.

EQUIPMENT AND MATERIALS REQUIRED

- A flipchart and easel, or a chalkboard.

BEFORE THE TRAINING SESSION

- Read the material in the module thoroughly. Compare the information with the other information you have read and with your own life experiences.

- Prepare a short lecture on the material which includes information about the cultural heritage, lifestyles and value systems of the families of the students represented in your community.

- Make copies of the Background Material, Information Handouts, and Exercises.

- Copy the three problems from the Individual Values section on Pages 2 and 3 in the Background Materials on to a flipchart or chalkboard.

- Invite representatives of different ethnic and religious groups in your community to speak to the class about their rituals and beliefs that may have an impact on how children and youth learn and are educated.

DURING THE TRAINING SESSION

¶ Begin the class session by talking briefly about differences in cultural heritage, life-styles and values. (If you have invited guests to speak to the class you may want to introduce them at this point).

¶ Talk with the class about the value and need to understand and appreciate the diversity in the cultural heritage, lifestyle, and value systems of the children, youth and families paraeducators work with. When you reach the values problems, take them one at a time. Read them aloud from the flipchart and encourage trainees to respond to each.

¶ Distribute Exercise #1 (allow 15-20 minutes for the participants to complete it.)

¶ There are four additional exercises included with this module. It is suggested that you use them all but you should decide when, and in what order you want to use them.

¶ Try to help each trainee understand that differences often are what make people interesting. Rather than being ignored, they usually should be highlighted.

¶ Discuss with trainees the strategy of honoring one child per day. By the end of the session, each trainee should have an idea of how children and youth can be reinforced for positive contributions.

¶ If you sense that trainees are resisting and falling into the trap of criticism of children and youth, start a discussion of positive contributions and suggest that there really is no way criticisms and lists of weaknesses are helpful.

REFERENCES AND RESOURCES

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APPRECIATING DIVERSITY

THE SALAD BOWL EFFECT. Think of a good, big salad, what distinguishes a good salad from a mediocre one is the variety of ingredients. Each contributes its special taste to the whole salad bowl.

The United States is sometimes called a "salad bowl" because of the many different people who live here. Everyone brings to this country the flavor of their own unique personalities; all are united through their beliefs in freedom and democracy.

A public school classroom in the schools of the 90s may well include children or youth from several countries, children and youth of varying colors, cultural heritages, economic backgrounds, and children and youth with or without disabilities. The challenge to instructional personnel is to encourage each individual to enjoy his/her unique difference and to help each person participate fully in all activities. To the busy paraprofessional, this may sometimes seem a huge task but the overall educational goal for all children and youth is to achieve their visions, using their own capabilities. Instructional personnel strengthen capabilities through instruction and work toward increasing individuals self-esteem and autonomy so that individuals may work toward their goals.

In other words, it might be said that the instructional personnel provide the "salad dressing" of strategies, skills and techniques which provide a common understanding (and bonding) for children and youth and hold the "salad" together.

DIFFERENCES. When Larry's mother and father were divorced, Larry was actually glad because it meant that he wouldn't have to listen to them argue any more. But, when he wanted to join the Boy Scouts, he was embarrassed when he learned that he could not do so unless his father was prepared to carry out activities with him. Since his father had moved to another part of the city, this wasn't possible, and Larry had to miss out on the Scout experience.

Clarence's teacher indicated that she had signed up his entire class to take Cardio-Pulmonary Resuscitation instruction as part of the requirements of their Health Class. Clarence could not find a way to tell her that his family did not believe in providing CPR to people who might be dying. They believe that when it is time to die, it is time, and no one should intervene.

It is nearing the end of the school year, and decisions are being made about which student should receive a scholarship available in the district for the senior who has an outstanding record of achievement in academics, contribution to the school and community, and participation in sports. Two students are almost equal in terms of qualifying for the award, with one exception - Jonathan has a slightly lower grade point average than Lorraine. Several faculty members have decided that even so he should receive the scholarship, because Lorraine is pregnant and may not perform well in college - or may never even make it that far.

Parker overheard a discussion between two teachers. One of them said, "Poor Parker, it's too bad he has to live with his grandmother; she is so much older than the parents of the other children and just doesn't seem to fit in." Parker loves his grandmother and is proud of her, but this remark made him wonder if there was something wrong with him.

None of the above should have happened. Although they may seem to be examples of pure bigotry and prejudice, it may well be that, instead, they are just examples of people who don't think and who are not sensitive to the culture, the lifestyle and the values of the people around them.

But, still the incidents happen. And they occur because people are not sensitive to the cultural heritage, lifestyles, and value systems of others. This lack of sensitivity results in racism, sexism, handicapism that may stop children and youth who have even less reason than others to want to be a part of the mainstream from achieving full participation in the community.

When incidents like those above occur, they not only take away from the individual child, they take away from the class as a whole. Because one child and his/her unique characteristics are ignored or abused, none of the rest of the children or youth or staff have the opportunity to enjoy them either. And so, the whole group of individuals are the poorer.

INDIVIDUAL VALUES. Think about your values system. What are the characteristics of your family that are important? On which questions are there only one answer? Which points are debatable? For instance:

Your daughter has just had surgery. Both you and your spouse work and are covered by a family insurance plan. Do you 1) submit all bills to both plans for reimbursement; 2) submit the bills to one plan; 3) choose one policy to provide the primary coverage and the other plan to pay expenses not paid by the primary policy?

Your grandfather has just died. Your mother calls you at college to tell you. You are studying for a big exam. You tell your mother, 1) "I'll make arrangements and be right home." or 2) "I'm studying for an exam; I don't think I can make it before the day of the funeral." or 3) "I can't come home right now. There is too much studying to do here."

When your grandfather's will is read, you discover that he has left you $20,000. What do you do? 1) Immediately put the money into investments, thinking that you will need it at a later date for a down payment on a house or some other big purchase? 2) Immediately start planning for the trip of a lifetime? or 3) Settle up your present bills?

Although each of the above incidents may appear to have only one valid response, there are, in fact, the possibilities of at least three choices on each, and members of the class may feel strongly about their choice. Actually, individual responses represent the values that we hold.

Values are developed over the course of a lifetime and they come from a variety of different directions. We may learn them from parents, from religious affiliations, school, friends, reading materials or a host of other sources. However they are learned, they have become a part of us and are important to each of us in our own way.

Recognizing the values of others is an important piece of recognizing the individuality of each person. In order to do so, you must be aware that the values system of another person is uniquely that person's; attempts to ignore it or to make changes will probably meet with failure.

It is necessary for paraeducators to realize that when they prepare lessons, there may be times when a skill that they are teaching is not one that the child feels a need to learn. It is important to anticipate that this might happen, and, in so doing, be ready to alter lessons as needed. For example, a teacher of home economics who plans cooking lessons which prepares all foods from scratch, may find several disinterested students who happen to live in homes where mixes and microwave ovens have made preparation easier and have placed a lower priority on cooking for oneself.

STRATEGIES AND TECHNIQUES. When the United States was viewed as a "melting pot," it seemed easy to work with individual students because the common understanding was that each was (or would become) very like the other. The language was English; a course and teaching strategies could be seen as applying equally to all students. For example, the way to learn the multiplication tables was to stand in front of the class and repeat them until you got them right. Now, most instructional personnel feel it is important to learn multiplication in a functional way. How will it be helpful to an individual person? (Who can always use a calculator to find the "right" answers?)

When we begin to appreciate the diversity of students and strive to help all students appreciate themselves and their contributions a number of teaching strategies may be helpful. Instead of encouraging students to compete against one another (the "old" way - remember "spelling bees"), students should be encouraged to increase their own skills - for the pleasure and reward of doing so. The reward is always increasing capabilities in participating in the community.

One teacher assigned one school day for each person in her class. At the beginning of the day, she asked the specific child to lie down on a large sheet of butcher paper. She traced the outline of the child on the paper and hung it on the wall. She then asked the whole class to provide descriptions for the child: - "Nice," "Smart," "Spanish," "Cute," "Strong," and so on, and so on. Throughout the day, the child was honored by the teacher and other class members.

Other strategies are to assist a child or youth to learn skills using whatever adaptations or accommodations are necessary. For example, a small hand-held calculator assists those who have trouble with numbers; braille books assist those who do not see to read; dictionaries assist those who do not speak English well; widened doorways assist those who use wheelchairs to gain access to every part of a building, or electric switches assist those who cannot manipulate things in their environment very well. Once instructional personnel understand that most people use some sort of accommodations (eye glasses, for example) and adaptations (easy-access cupboards), it becomes easier to develop them in the classroom. It is true that many children and youth with special needs profit enormously from accommodations and adaptations, but it is equally true that most people make them unconsciously - and all of us use them.

Other differences can be ignored - and usually were in the days of the "melting pot." The responsibility of personnel in today's schools is to recognize and appreciate the differences in all of us. There is no "right" or better cultural heritage, no "right" or better religion, no "right" or better ethnic background nor any "right" or better life-style. Often, people are devalued because of one or more person's beliefs in rightness or betterness. Once an individual ceases to believe in "rightness" and begins to believe that we are all different but equal as human beings, many opportunities emerge to celebrate the differences. As we do so, we assist each child or youth to grow in self-esteem and to increase his/her personal autonomy.

Perhaps two of the most oppressive forms of discriminatory behavior that confront us are stereotyping and labeling people.

STEREOTYPING. That is thinking in cliches and lumping people in groups. It is not true that "all Irishmen are the same" or "blondes have more fun," or "all fat people are have a great sense of humor," or "people with mental retardation cannot learn." In fact, any phrase that lumps people together probably is not true.

LABELING. It is probably unnecessary to remind people that labels are not good - but sometimes each of us can fall into labeling. It is important to use "People First Language." The way we say things may create prejudice toward other people. For example by referring to "the retarded," "the disabled," "handicapped access," rather than to people who have disabilities we create situations where people are seen only as members of a group where the color of a person's skin, their lifestyle or a disability is more important than other characteristics that recognize the contributions everyone makes to their family, school and community.

In sum, understanding and appreciating the diversity in the cultures, lifestyles and other characteristics of all people helps the instructional team to shape and refine, lessons and instructional methods in ways that will reinforce the value of the children and youth they work with. By avoiding the labeling of individuals the team will encourage the development of self-esteem in all children and youth. And by assisting - not doing for; encouraging - not requiring; demonstrating empathy - not sympathy; respecting -not being paternalistic; the team will foster the development of self-esteem and autonomy.

INCREASING SELF-ESTEEM AND AUTONOMY

The following guidelines are useful to instructional personnel committed to assisting children and youth to build self-esteem and increase self-reliance and autonomy.

- ✓ Every person is unique. There will never be another person exactly like this individual.
- ✓ While a difference itself may loom large in the life of an individual, it is not the major factor in the person's life. Much more important are the student's personality, talents, special interests.
- ✓ Every person makes positive contributions to his/her family and to significant others in his/her life. These should be recognized and rewarded on a daily basis.
- ✓ Good self-esteem is the result of the individual's understanding of his/her positive contributions and capabilities. On days when the person may find it difficult to recognize either, the paraeducator can help by pointing out positive characteristics.
- ✓ Autonomy, or the capability of directing one's own life, develops in early childhood and continues through adulthood. It is strengthened when individuals are encouraged to make choices and to act on the strength of their knowledge and convictions.
- ✓ The ability to achieve full participation in community life is the result of opportunities to try new things and to succeed or fail with the support of family and educational staff.

METHODS FOR ASSISTING CHILDREN AND YOUTH ACHIEVE PERSONAL GOALS

The following strategies will enable instructional personal and family members to assist any child or youth to accomplish the tasks and acquire the skills to achieve his/her goals:

- ✓ Allow ample time for tasks to be completed so that the child or youth does not feel rushed and inadequate because time is short.
- ✓ Identify places where assistive technology can be used to make a task easier to accomplish. This category includes communication boards, switches, jigs and any other device that will simplify or shortcut the task.
- ✓ Recognize the successes of the child or youth in a concrete manner. This may be done verbally or by keeping lists or by encouraging the individual to self-identify when s/he has accomplished a goal.
- ✓ Organize the education environment so that it is not just barrier-free, but so that it enhances the capabilities of each child or youth using it. This includes the placement of books and materials so that they are reachable and usable, finding furniture that is sturdy and easily accessible, and providing educational materials appropriate to the individual.
- ✓ Encourage the child or youth to set goals and to dream of the future in terms of work opportunities, travel aims, and living expectations.
- ✓ Assist the child or youth to find models with whom s/he can identify. For example, Steven Hawking, the world's greatest astronomer, uses a wheelchair and speaks via a communication device; Einstein worked out the theory of relativity; the world's system of numbers was begun by Arabs; Barbara Mikulski and Carol Mosely Braun are United States Senators.
- ✓ Let children and youth know that it is not necessary to be outstanding in order to be successful. Achieving full participation in the community while learning, living and playing can be accomplished by each person in his/her own way.

EXERCISE #1

VALUES CLARIFICATION

DIRECTIONS: Make a list of values that might include: beliefs, rituals/celebrations, academic/career and other life goals, lifestyles, ethics, relationships to others, civil/human rights, economic/social status that are most important to you. (Do not limit yourself to the areas on this list.)

Complete this activity by answering the following questions about each item:

a) Is this something I truly prize/cherish?

b) Am I willing to publically affirm/defend my choice, preference, belief?

c) Have I acted on the belief or value? Is it an important part of the way I lead my life?

d) Does it have an impact on the way I view the worth of other people and my ability to work with students who come from totally different backgrounds?

EXERCISE #2

DIRECTIONS: Working with other members of a small group, answer one of the questions below:

1) Identify one aspect of an individual cultural heritage and tell how it could be incorporated into a learning experience for the class or program where you work. Example: Czechoslovakians traditionally celebrate May Day by holding a Maypole Dance. Why would it be effective to develop a teaching sequence around this cultural difference?

2) Identify one aspect of an individual lifestyle and tell how its recognition could make a difference to an individual learner. Example: The reading books which feature Dick, Jane, Mother and Father do not reflect the experiences of children or youth from one-parent families. Nor do typical pictures reflect different ethnic backgrounds. This reduces the incentive to learn to read about them.

3) Identify an aspect of an individual value or belief system and tell how its recognition could make a difference to an individual learner. Example: Because Joe's family do not believe in television, he must leave the room when the teacher plans to use a videotape.

Be prepared to share the findings of your group with the rest of the class.

EXERCISE #3

DIRECTIONS: Working with a partner, suggest at least six ways in which the children or youth in your classroom could be recognized for their positive contributions (thus increasing their self-esteem). For example, what if you gave a child a gold star for a completed assignment?

EXERCISE #4

DIRECTIONS: Working with a partner, suggest five ways you could change the environment to make tasks simpler for children or youth in your classroom. (Remember - Tee Ball is an accommodation for some children.)

DIRECTIONS: Celebrate Diversity. List below 10 things you could learn from children and youth in your classroom. (For example, drive a wheelchair (not easy) or learn Spanish or eat gefilte fish)

EMERGENCY, HEALTH AND SAFETY PROCEDURES

OVERVIEW

The suggested units in this module address issues and concerns that affect the health, safety and well being of children and adults in schools and other education settings. The topics include: 1) emergency procedures set by the district in the event of fire, accidents, and natural disasters; 2) precautions for reducing infectious and communicable diseases; 3) techniques for assisting children and youth with conditions that a) may affect their ability to eat or drink unaided, b) experience seizures and c) have physical and health related problems; 4) methods for positioning and transferring children and youth with disabilities, and good body mechanics to use when moving students or heavy objects and 5) procedures for detecting and reporting child abuse, and neglect.

Because the content covers such a broad range of subjects that are tied to local district procedures and policies, or require special expertise for trainers, background information is not included for the various units. It is the responsibility of the trainer to serve as the coordinator for the various sessions. To facilitate the work of the trainers we have developed the instructional objectives for the paraeducators, activities for the different sections, and suggestions for resources the trainer might use to implement the training.

INSTRUCTIONAL OBJECTIVES

The paraeducator will be able to:

¶ Demonstrate an ability to use CPR methods appropriate for the age and size of the children or youth they work with by successfully completing an approved CPR course offered by the American Red Cross or other emergency services agency.

¶ Demonstrate an ability to use emergency first aid procedures by successfully completing the multi media Standard First Aid Course offered by the American Red Cross.

¶ Demonstrate an ability to carry out the emergency procedures established by the local school district in the event of fire, accidents or natural disasters.

¶ Demonstrate an ability to administer medications or provide other specialized health care required by a child and approved by the district.

¶ Demonstrate an ability to use procedures developed by the district to prevent infections and reduce the spread of communicable diseases among children, youths and adult staff.

¶ Describe steps for assisting a person having a seizure.

¶ Demonstrate an ability to effectively use procedures for transferring children and youth with physical disabilities from a wheelchair to floor, floor to wheelchair, wheelchair to toilet/chair, toilet/chair to wheelchair.

¶ Demonstrate an ability to correctly position, handle, and carry children and youth with physical disabilities.

¶ Demonstrate an ability to use adaptive equipment used by children with physical disabilities.

¶ Demonstrate an ability to use proper body mechanics and avoid personal injury when transferring children and youth or moving heavy objects.

¶ Describe signs of physical, sexual and emotional abuse or neglect in children and youth they work with and the procedures established by the local school district for reporting suspected cases.

TRAINING TIME REQUIRED

The time required to teach the various components included in this module will depend on the identified training needs of the paraeducators. For example, all participants should participate in the sessions on your local emergency procedures, reducing infectious diseases, assisting a person having a seizure, identifying and reporting suspected child abuse, and good body mechanics.

If paraeducators are assigned to work in education settings/classrooms where children and youth with physical disabilities are enrolled, they should receive training in techniques for positioning, transferring and carrying. And they should be prepared to administer medications and other specialized health care needs of student, they work with. Other paraeducators probably will not benefit from this training.

The American Red Cross First Aid and CPR Courses require 8 hours each. Therefore, the total time to teach the entire series of classes will require approximately 22-23 hours.

EQUIPMENT AND MATERIALS REQUIRED

- Copies of your district's emergency procedures.

- Copies of your district's policies and procedures for reducing infections and communicable diseases.

- Copies of your district's policies for detecting and reporting child abuse and neglect.

• (Optional) Emergency First Aid and the School Child. This synchronized slide/tape was developed by the Kansas State Department of Education, Administration for Special Education and provides an overview of emergency first aid procedures for all levels of personnel. Information on how to borrow it is contained in the Bibliography of resources at the end of this section

BEFORE AND DURING THE TRAINING

To accomplish the objectives of this module you will probably find it beneficial to recruit the assistance of professional personnel with expertise in the various content areas. The trainers may include occupational and physical therapists, nurses and a representative of your local human services agency with responsibility for maintaining the safety and well being of children.

- Identify the general and specific training needs of the participants to determine which training sections they will require.

- Contact the administrator(s) in your school district with responsibility for overseeing the health, safety and well being of students and staff. Ask a representative to attend a training session to review district policies and procedures connected with emergencies.

- Invite a social worker from your district or a representative of the local protection and advocacy or human services agency to speak to the class about signs paraeducators should be aware of that might indicate child abuse or neglect and the procedures/chain of command to follow when reporting a suspected abuse.

- Invite a nurse to speak to the class: 1) to describe and demonstrate your district's policies and procedures for controlling infections and communicable diseases. (If the paraeducators are working in programs for infants and young children or other classes where toilet training is an instructional objective, they should stress procedures to use when changing diapers or assisting a student with personal hygiene); 2) describe procedures paraeducators should use to assist children and youth having seizures; 3) describe district policy and demonstrate proper procedures for children and youth who may require medication or other specialized health care during the school day.

- Invite a physical therapist to speak to the class and train paraeducators 1) to use good body mechanics when lifting and carrying children and youth with physical disabilities or moving heavy objects; 2) to use proper techniques for positioning and transferring children and youth with sensory, orthopedic and multiple disabilities; and 3) to use various adaptive equipment and maneuver wheel chairs.

- Contact the American Red Cross or other locally recognized providers of CPR and First Aid Training. Make arrangements for the paraeducators to receive the training. Because local chapters of the American Red Cross have different policies, you will need to determine if there is a fee. If there is, you need to arrange for payment. (If a paraeducator has a valid certificate in CPR or First Aid, they should be excused from the training.)

BIBLIOGRAPHY AND RESOURCES

For information about Epilepsy and other seizure disorders you may want to contact: The Epilepsy Foundation of America, 4351 Garden City Drive, Landover, Maryland 20785.

Another good resource for preparing paraeducators to work with infants and children is "Handbook for the Care of Infants and Toddlers with Disabilities and Chronic Conditions." (1991) It was developed by the University of Colorado Health Sciences Center - School of Nursing, and is available from Learner Managed Designs, Inc., Lawrence, Kansas 66047. While the materials focus on preparing personnel to work with infants and young children, much of the information can be appropriately used to train paraeducators working with older students. This is particularly true for the chapters on emergency procedures, infection control in child care settings, and causes and signs of physical, sexual and emotional abuse and neglect.

If you are interested in borrowing the synchronized slide/ tape, "Emergency First Aid and the School Age Child," from the Kansas Department of Education, contact: Administration for Special Education, 120 East 10th Street, Topeka, KS 66612, (913) 296-4941.

A resource for strengthening the capacity of paraeducators working in classrooms or other settings serving children and youth with physical disabilities is "Teaching Nontherapists to do Positioning and Handling in Education Settings," (1989). Developed by the Child Development and Rehabilitation Center at the Oregon Health Sciences University and the Oregon Department of Education, it has both a video and an instructor's manual. It is available from CDRC Publications, P.O. Box 574, Portland, Oregon 97207-0524.